Skills Training Grants (STG) User Guide

Submitting CWRG Reimbursement Claims

Last Updated: February 20, 2025

- 1. Log into the <u>Skills Training Grants page</u> with your BCeID.
- 2. Scroll down to your approved Community Workforce Response Grant (CWRG) application, then click "Continue."



3. Click "Report Participants". Note: If you have already reported your participants, you can skip to step 5.

2550049 test description (training start date 2024-05-03)				
Community Workforce Response Grant				
Participant and Claim Reporting				
Get started with reporting participants below and when all your participants have reported you can prepare and submit a claim for reimbursement.				
All funding received through a CWRG grant must be spent in the fiscal year it was approved. Any portion of the total approved funding not spent in the completion of the training project must be returned to the province as an overpayment. As an Agreement Holder, you are not permitted to withhold or retain CWRG grant funds for future projects, or, for participants who wish to defer training to another time period or project.				
Participant Report	Due: 2024-05-11	1 OF 1 REPORTED	Report Participants	
Reimbursement Claim		NOT STARTED	Begin Reimbursement Claim	
Proof of Payment	Due: 2024-06-02	NOT STARTED	Submit Proof of Payment	
Participant Financial Supports Attestation	Due: 2024-06-02	NOT STARTED	Begin Attestation	
Completion Report	Due: 2024-06-02	INCOMPLETE	Report Completion	

4. Make sure all relevant participants are listed in the Participant Report. Click "Return" once done.

 Retu 	rn					
2550	2550049 test description (training start date 2024-05-03)					
Com	Community Workforce Response Grant					
Par	ticipa	nt Report				
¢	You have enable th Grant sho	been approved to tra nem to submit their Pa ould be reported.	in 1 participants. Use "Show Irticipant Information Form.	participant invitation" be Only participants eligible	low to send a link to you for the Community Worl	r participants to kforce Response
	1 out of 1 participants have successfully reported their participant information. Remove any individuals that do not attend training.					
	IMPORTA Income A Participal benefits, dates to a those pai Division t General o	ANT! Participants on E Assistance (IA) must ind nt Information Forms a ensure the training da all participants. For thu- rticipants receiving IA to ensure that the train criteria for more detail	mployment Insurance (EI) or dicate on their Participant IIn are due no less than 5 days p ites stated in the online port ose participants receiving EI benefits, instruct participam ing received under the Proj s.	r British Columbia Employ formation Forms (PIF) tha prior to the start of trainin ial are accurate and comm benefits, CWRG will subm ts to contact an Employm ect will not affect their IA	ment Assistance clients i t they are receiving these g. To prevent impacts to hunicate the correct and it a Section 25 referral on ent Assistance Worker at benefits. See Appendix /	n receipt of e benefits. All participants confirmed training n their behalf. For : the SDPR Delivery A of the CWRG
Last	First	Email	Phone	Work Location	Reported on	Action
test	test	test@gmail.com	(561) 651-6565		2024-05-03 13:45	Remove
Sho	ow partici	ipant invitation				

See the guide on **Participant Reporting** for more details

5. Click "Begin Reimbursement Claim." Note: There must be at least one participant to report a claim. Multiple claims can be submitted, but each claim needs to be assessed before a new one can be submitted.

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Participant Report	Due: 2024-05-11	1 OF 1 REPORTED	Report Participants		
Participant Report Reimbursement Claim	Due: 2024-05-11	1 OF 1 REPORTED	Report Participants Begin Reimbursement Claim		
Participant Report Reimbursement Claim Proof of Payment	Due: 2024-05-11 Due: 2024-06-02	NOT STARTED	Report Participants Begin Reimbursement Claim Submit Proof of Payment		
Participant Report Reimbursement Claim Proof of Payment Participant Financial Supports Attestation	Due: 2024-05-11 Due: 2024-06-02 Due: 2024-06-02	NOT STARTED	Report Participants Begin Reimbursement Claim Submit Proof of Payment Begin Attestation		

6. On the Reimbursement Claim page, click on the name of each category and enter the claim amount in the "New Claim" field.

Reimbursement Clai	im]
Eligible expense types						
For each project componend determine the amount react and claim Su Agreement and Claim Su The number of participa	nt below, your Agreement Click on each o the reimburse	Schedule A limit an category to ement inform	nd the sum of you expand nation.	r total claims to date ne new claim amount ported. for your agreement a	are shown to ts below the and claims.	
Total Reimbursement Claim:					\$0.00	
Skills Training					\$0.00	
Agreement and Claim Summa	ary	Total Cost	Number of Participants	Maximum Average Cost per Participant	Maximum Government Contribution	
Agreement Schedule A		\$1,000.00	1	\$1,000.00	\$1,000.00	
Total Claimed to Date		\$0.00	1	\$0.00	\$0.00	
Remaining to be Claimed		\$1,000.00	1	\$1,000.00	\$1,000.00	
New Claim		\$0.00	1	\$0.00	\$0.00	
Please ensure that you I Support Services of the Claims Submission Guid Enter your new claim for your	have attached all of the rec project in your claim in or lelines. r skills training component	quired documents/ der to avoid delays ts below.	invoices for the S in processing. Fo	The "Sk tracks cla program have a si	ills Training" c im amounts b . Other catego ingle "New Cla	category by training bries only aim" box.
		\neg				
Skills Training Components	New Claim	Total Claim	ed to Date			
test course 5	\$0.00	\$0.00				

7. If you have supporting documents such as receipts or invoices, click "Add Attachment" to include them. Select "Save Claim" when all details are provided. When all documents have been uploaded, click "Review and submit claim" and follow the instructions on the next page to submit your claim.

SUPPORTING DOCUMENTATION				
Please attach all necessary documentation to support your claim. For details on claim and invoice requirements for your funding stream, please review the Claim Submission Guidelines.				
For each attachment, enter a description to identify what part of your claim it supports.				
Accepted file types: PDF, JPG, JPEG, PNG, GIF. Maximum file size is 5 MB.				
Add attachment Save Claim				
Review and submit claim				
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Attachment	Description		
Knoll - JPG.jpg	test	Edit / Remove	
Add attachment		Save Claim	
		Review and submit claim	

8. Once the claim is complete, tick the "By placing a check mark in this box [...]" checkbox. If this is the final claim for the application, also tick the "This is my complete and final [...]" checkbox. Click "Submit Claim". Submitting a claim with the "complete and final" checkbox ticked will remove the ability to submit any other claims on the application. You cannot undo this.

Supporting Documentation				
Your assessor may request you to attach documentation to support your claim.				
1 Test Document.pdf				
By placing a check mark in this box, I certify that the claim information I submit is true, accurate and compliant with the Grant Agreement.				
This is my complete and final reimbursement claim under my agreement.				
Cancel Submit Claim				

9. The claim is now submitted for review by the program area. You can click "View Claim" on the application summary page to view its details.

