

Self Employment Benefit Program Participant Monthly Report

Please note: As a participant in the Self Employment Benefit Program, you are required to complete this report on a monthly basis. The completed report must be signed and delivered to _____ no later than the 7th of the month. Failure to do so may affect your entitlement to Self-Employment Benefits.

Name: _____ EMNS Agreement. _____ Report covers the Month of: _____ 20_____.

Business Name _____ Main Product or Service _____

Please record your activities and total number of hours worked for each week of the month. Please note if the week is less than 7 days.

Week	Number of Hours Worked this Week	Tasks Accomplished, Networking, Workshops Attended, Meeting(s) with Business Counsellor, etc.
1 _____ (day week)		
2 _____ (day week)		
3 _____ (day week)		
4 _____ (day week)		
5 _____ (day week)		

1. Were you satisfied with your business activity this month? Yes _____ No _____ Why? _____

2. Please summarize the financial results of your activities for the past month:

	Actual	Projected (as per business plan, if completed)
Sales	\$	\$
Expenses	\$	\$
Net Profit	\$	\$

3. Please give your analysis if projections differed from actual figures:

4. What are your goals I action items for next month?

5. What assistance do you need from your SEB Service Provider to help in the progress of your business?

Counsellor Comments (To Be Completed by Staff of your SEB Service Provider)

Monthly Report Submitted on Time	#Weeks on SEB Program to Date	Meeting 35 Hours /Week Commitment	Meeting Bus. Plan Development Targets (phase I or Phase II)	#of Workshops Completed this Month	Attends Monthly Facilitator Meetings
Yes No		Yes No	Yes No		Yes No

Client Signature _____ Date _____ Counsellor Signature _____ Date _____	Counsellor Comments on Actuals vs Projections and Plan of Action (use separate sheet if necessary)
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