

Ministry of Health

Nursing Graduate Guarantee Online Portal

Purpose

- To inform new and existing employers and eligible nurses about the Nursing Graduate Guarantee (NGG) online portal.

What is the NGG Online Portal?

- The NGG online portal, also known as the Nurses' Career Start Gateway, is a system that supports the management of the NGG.
- The NGG portal enables:
 - ✓ Nurses to search and apply for job opportunities;
 - ✓ Employers to review nurses' applications;
 - ✓ Employers to extend job offers;
 - ✓ Employer to request funding from the Ministry of Health (the ministry) and;
 - ✓ Employers to submit financial reports to the ministry.

NGG Online Portal Accounts

- Participating NGG employers will be required to register various users on the site to fulfill NGG-related activities (e.g., posting positions, submitting budget requests, etc.). The user descriptions are specified in the table below.

Access Rights	Function	Suggested User
Organization/Employer (OE) Signatory	User has final signing authority for the NGG final reporting	Chief Executive Officer (CEO) or equivalent
Senior Nursing Leader (SNL) Signatory	User has signing authority for budget requests and final reporting	SNL or equivalent
Finance Signatory	User has signing authority for final reporting	Chief Financial Officer (CFO) or equivalent

NGG Online Portal Accounts

Access Rights	Function	Suggested User
Registered Nurse (RN) and Registered Practical Nurse (RPN) Union Signatory	User reviews and signs off on budget requests and has signing authority for final reporting (if applicable).	RN or RPN union representative.
Organization/ Employer (OE) Administrator	User can post jobs, create budget requests and final reports and has authority to modify the organization profile (e.g., edit legal name, manage registered users).	Human Resources or Program Manager.
OE User	User can only post jobs, create budget request and final reports.	Signatories who do not need access to other NGG online portal functions.

Overview of Program Components

Program Component	Description
Match Dates	The NGG online portal is open for employers to match with new nurses between April 29, 2024, to November 15, 2024.
Budget Request Submissions	The NGG online portal will allow matching from April 29, 2024, to November 15, 2024. It will not allow matching or budget request submissions between November 16, 2024, and March 31, 2025.
Budget Request Form	The Budget Request includes: <ul style="list-style-type: none">• Section to demonstrate that the organization has the capacity and a plan to transition the new nurse to full-time employment or the equivalent of full-time hours for a minimum of 6 months (26 weeks).• Section for union review (if applicable); and• Section for SNL approval
Transfer Payment Agreement (TPA)	A new TPA will be issued for each fiscal year for organizations approved to participate in the NGG.

NGG Reporting

The NGG TPA will provide details of reporting requirements and deadlines. Required reports include:

- Year-end Final Financial report
- Annual Reconciliation Report Certificate
- Final Program Report

Budget Request Submission Process

- 1** Match with the new nurses on the NGG online portal
- 2** Create new budget request on the NGG online portal
- 3** Select hired nurse(s) to include on the budget request(s)
- 4** Fill in budget request details for each new nurse (wage, start date, etc.)
- 5** Describe the organization's capacity and plan to transition the new nurse to full-time employment or the equivalent of full-time hours for a minimum of 6 months (26 weeks) within one year (12 months) of the new nurse's start date of the transition into practice period (12 weeks).
- 6** Submit budget request for union to review and for SNL approval
- 7** Union reviews budget request, providing comments as required
- 8** SNL approves budget request, providing comments as required
- 9** Budget request is received by the ministry and approved if eligibility requirements have been met

CREATING AND SUBMITTING THE BUDGET REQUEST

Create New
Review



Dashboard

- [Outstanding Organization Users\(0\) »](#)
- [Outstanding Budget Request\(0\) »](#)
- [Outstanding Report Back\(0\) »](#)



[Home](#) [Profile](#) [OE Profile](#) [Jobs](#) [Users](#) [Budget Request](#) [Reportbacks](#) [2020/21 NGG Reportback](#) [E-Sign](#) [Logout](#)

hfosix@gmail.com -- OE Administrator Rights / SNL Signatory -- Mount Sinai -- H -- 4561

Create Budget Request

Nurse Category

Organization Name

Select your desired Nurse Category and Organization Name (for multi-site organizations).

Click "Next" to see the list of available new nurses.

Create Budget Request

Select the nurses you would like to include in the budget request from the list below.

Nurse Category

Organization Name

Participants have not been included in any Budget Request. Click 'Next' to proceed to include all Participants in this Budget Request. Select Participants that should not be included in this Budget Request.



Nursing Graduate Guarantee (NGG) Participants

NGG Participants					
	Nursing Grad ID	Name	Job Offer Acceptance Date	Assignment Start Date	Job Posting Title
<input checked="" type="checkbox"/>	176	Carol Brown	2020/03/02	2021/03/03	Job at Long Term Care Inc.

Nursing Career Orientation (NCO) Participants

NCO Participants					
	Nursing Grad ID	Name	Job Offer Acceptance Date	Assignment Start Date	Job Posting Title
No data to display					

Click "Next" to generate the budget request.

Budget Request Details

Budget Request ID **102**

Organization **Testing Org**

Submission Date **Not Submitted**

Nurse Category **Registered Nurse (RN)**

Nursing Initiative Type **Nursing Graduate Guarantee**

Status **Draft**

[View History](#)

[Export to PDF](#)

[View Transactions](#)

Participant List

Participant List							
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$
176	Carol Brown						



Click "Details" to enter the participant details page.

Total Number of Participants: **1**

Budget Request Total Allocation: **\$0.00**

[Add Participant](#)

[Submit to MOHLTC](#)

[Delete Budget Request](#)

[Save and Close](#)

[Next](#)

[Cancel](#)

Participant Details

Budget Request ID **100**
Submission Date **Not Submitted**

Organization Name **Testing Org**

Participant Name **Nurse RPN1**

Enter the start date, hourly wage, benefit rate and weekly hours for the new nurse.

Fiscal Year
Projected Start Date *
Projected End Date *
Hourly Wage * \$
Benefit Rate % *
Weekly Full-Time Hours *



Total Allocation

Enter a description of your organization's capacity and plan to transition the new nurse to full-time employment or the equivalent of full-time hours.



- The Union was consulted
- We have forecasted that within the next 12 months a permanent, full-time position will be available within our organization

Please briefly describe your organization's capacity and plan to transition the new nurse into permanent, full-time employment (Maximum 5,000 characters)

Enter Text

	Payment Amount	Confirmation ID	Payment Date
Initial	\$14,436.00	<input type="text"/>	<input type="text"/>
Secondary	\$14,436.00	<input type="text"/>	<input type="text"/>
Final Transaction	\$0.00	<input type="text"/>	<input type="text"/>

Please ensure that you enter the highest Hourly Wage value (the highest rate of pay) that the participant is expected to attain during their 6 months of employment in the Nursing Participant Guarantee Initiative.

* Mandatory fields required for submission of Budget Request. Not required for saving as draft.

hfosix@gmail.com -- OE Administrator Rights / SNL Signatory -- Testing Org -- H -- 123456

Budget Request Details

Budget Request ID **102** Nurse Category **Registered Nurse (RN)**
 Organization **Testing Org** Nursing Initiative Type **Nursing Graduate Guarantee**
 Submission Date **Not Submitted** Status **Draft**

[View History](#) [Export to PDF](#) [View Transactions](#)

Participant List

Participant List							
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$
176	Carol Brown						

Total Number of Participants: **1** Budget Request Total Allocation: **\$0.00**

[Add Participant](#)
[Submit to MOHLTC](#) ←
[Delete Budget Request](#) [Save and Close](#)

Click "Submit to MOHLTC" when you have fully completed the budget request. This will initiate the budget request pre-review process.

UNION REVIEW

The background features a light teal color with several overlapping geometric shapes in a slightly darker shade of teal. These shapes include a large triangle on the right side and a curved, fan-like shape on the left side, creating a modern, abstract design.

To review budget requests
click "Sign Documents".

Home Profile E-Sign Logout

Sign Documents

rgreen28@rogers.com Signatory -- Testing Org -- H -- 123456

Dashboard

[Outstanding Organization Users\(0\) »](#)

[Outstanding Budget Request\(0\) »](#)

[Outstanding Report Back\(0\) »](#)

List Signing Documents

Signing Documents								
Document Type	Status	ID	Fiscal year	Submission Date	Participants	Total Allocation /Reinvestment	Sent Date	
NGG Reportback	Pending for signing	42	2020-21	2021/01/20	1	\$13,978.90	2021/01/20	<input type="button" value="Sign"/>
NGG Budget	Pending Review	54	2020-21	2021/01/20	1	\$13,978.90	2021/01/20	<input type="button" value="Sign"/>



Click "Sign" to review and electronically sign the NGG budget request(s).

E-Review

Budget Request ID 97

Nurse Category Registered Practical Nurse (RPN)

Organization Testing Org

Nursing Initiative Type Nursing Graduate Guarantee

Submission Date 2016/06/09

Status Pending Signing

View Status History

View Signing Document

Participant List

Participant List								
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$	
177	Test User3	2020/10/28	2020-21	\$31.60	24.00	37.50	\$29,388.00	Details

Total Number of Participants: 1

Budget Request Total Allocation: \$29,388.00

Signature Code *

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent, full-time employment. (Maximum 1,000 characters)

Reviewed

Reject



Click "Details" to view the organization's capacity and plan to transition each new nurse to full-time employment or the equivalent of full-time hours.

Participant Details

Budget Request ID **100**
Submission Date **Not Submitted**

Organization Name **Testing Org**
Status **Draft**

Participant Name **Nurse RPN1**

Participant ID **252**

Fiscal Year
Projected Start Date *
Projected End Date *
Hourly Wage *
Benefit Rate % *
Weekly Full-Time Hours *

Total Allocation

The Union was consulted

We have forecasted that within the next 12 months a permanent, full-time position will be available within our organization

Please briefly describe your organization's capacity and plan to transition the new nurse into permanent, full-time employment (Maximum 5,000 characters)

Enter Text



Review the organization's capacity and plan to transition each new nurse to full-time employment or the equivalent of full-time hours.

	Payment Amount	Confirmation ID	Payment Date
al	<input type="text" value="\$14,436.00"/>	<input type="text"/>	<input type="text"/>
ry	<input type="text" value="\$14,436.00"/>	<input type="text"/>	<input type="text"/>
on	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text"/>

You enter the highest Hourly Wage value (the highest rate of pay) that the participant is expected to attain during their 6 months of employment in the Nursing Participant Guarantee Initiative.

* Mandatory fields required for submission of Budget Request. Not required for saving as draft.

E-Review

Budget Request ID **97**

Nurse Category **Registered Practical Nurse (RPN)**

Organization **Testing Org**

Nursing Initiative Type **Nursing Graduate Guarantee**

Submission Date **2020/06/09**

Status **Pending Signing**

[View Status History](#)

[View Signing Document](#)

Participant List

Participant List								
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$	
177	Test User3	2021/01/20	2020-21	\$31.60	24.00	37.50	\$29,388.00	Details

Total Number of Participants: **1**

Budget Request Total Allocation: **\$29,388.00**

Click "Reviewed" once the budget request has been reviewed and you have provided comments. This will send the budget request to the SNL to approve.

Signature Code *

Enter the signature code from the budget request review email.

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent, full-time employment. (Maximum 1,000 characters)

Enter any comments on the budget request.

[Reviewed](#)

[Reject](#)

SENIOR NURSING LEADER APPROVAL

Home Profile OE Profile Jobs Users Budget Request 2020/21 NGG Reportback E-Sign Logout
o1@sunram.com -- OE Administrator Rights / OE Signatory -- Testing Org -- H -- 123456
Dashboard

Sign Documents



To review budget requests click "Sign Documents".

- Outstanding Organization Users(0) »
- Outstanding Budget Request(0) »
- Outstanding Report Back(0) »

Delete Budget Request

Save and Close

List Signing Documents

Signing Documents								
Document Type	Status	ID	Fiscal year	Submission Date	Participants	Total Allocation /Reinvestment	Sent Date	
NGG Reportback	Pending for signing	42	2020-21	2021/01/20	1	\$13,978.90	2020/02/02	<input type="button" value="Sign"/>
NGG Budget	Pending Review	54	2020-21	2021/01/20	1	\$13,978.90	2020/02/02	<input type="button" value="Sign"/>



Click "Sign" to review and electronically sign the NGG budget request(s).

E-Sign

Budget Request ID **97**

Nurse Category **Registered Practical Nurse (RPN)**

Organization **Testing Org**

Nursing Initiative Type **Nursing Graduate Guarantee**

Submission Date **2021/06/09**

Status **Pending Signing**

[View Status History](#)

[View Signing Document](#)

Participant List

Participant List								
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$	
177	Test User3	2021/01/20	2020-21	\$31.60	24.00	37.50	\$29,388.00	Details

Total Number of Participants: **1**

Budget Request Total Allocation: \$29,388.00

Click "Approve" once the budget request has been reviewed and you have provided comments.

Signature Code *

Enter the signature code from the budget request approve email.

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent, full-time employment. (Maximum 1,000 characters)

unionRep@union.ca - We have no comments on the transition to practice plan
SNLsignatory@org.ca -

Enter any comments on the budget request.

[Approve](#)

[Reject](#)

Budget Request Status

Status	Description
Draft	Budget request has been created but not submitted to the ministry. Draft status can also occur when the budget request has been denied during the submission process. Organizations are responsible to ensure all eligible draft budget request are submitted on or before November 15, 2024.
Pending Review	Budget request is pending review by the Union and/or approval by the SNL.
Pending Approval	Budget request submitted to the ministry and pending review by the ministry.
Reviewed by MOH (e.g., MOH Admin. and MOH Finance)	Budget request has been reviewed and is recommended for funding by the ministry.
Pending Signing (e.g., SNL and OE Signatory)	Budget request has been approved and the TPA is pending the organization's signatures.
Pending Signing (e.g., MOH Signatory)	The budget request has been approved and is pending final ministry signature.
Fully Signed	The budget request has been fully approved and funding will be flowed.
Paid	Budget request funding has been flowed to the organization.

TRANSFER PAYMENT AGREEMENT (TPA) SIGNING PROCESS

Budget Request Submission Process


- Once the budget request is approved by the ministry, the ministry will email the TPA to the organization to sign. Both SNL and OE electronic signatures are required for the NGG TPA.
- Organization must sign the TPA and provide the ministry with the following documents before March 31 of the funding year;
 - List of organizations board chairs
 - Insurance certificate
- Only one NGG TPA will be issued for each participating organization, annually.



nggmm100-10@yahoo.ca -- SNL Signatory / OE User -- Testing Org -- H -- 123456

List Signing Documents

Click "Sign" to view the summary of the NGG TPA and budget request that is pending signing.



Signing Documents									
Document Type	Status	ID	Fiscal year	Submission Date	Part				
NGG Budget Request With attachment	Pending for signing	97	2020-21	2021/06/09	1		\$29,388.00	2021/02/02	<input type="button" value="Sign"/>
NGG Reportback	Pending for signing	41	2020-21	2021/02/07	3		\$19,678.75	2021/02/07	<input type="button" value="Sign"/>
NGG Reportback	Pending for signing	5	2020-21	2021/02/13	1		\$0.00	2021/02/13	<input type="button" value="Sign"/>

NGG Reporting Requirements

- Employers who receive NGG funding are required to report on use of the funds within 1 year of the new nurse's start date.
- Final Reporting requirements include:
 - ✓ Financial Report: to provide actual expenditures related to the 12-week transition into practice period and actual expenditures related to the reinvestment fund;
 - ✓ Program Report: to provide information on program outcomes (e.g., nurse was bridged to full-time employment or the equivalent of full-time hours); and,
 - ✓ Annual Reconciliation Report Certificate: attestation that reported numbers agree with the audited financial statements of the organization.
- Reports will require verification of the OE Signatory, SNL Signatory and the Union Signatory (if applicable).
- Further information on reporting requirements, including specific timelines, will be specified in the signed 2024/25 NGG TPA between organizations and the ministry.