ACA Grants 2016/2017

Interim Report

*Due on or before 1 September 2016*

*Return to: amy.mackinven@ab-conservation.com*

|  |  |
| --- | --- |
| Project Title |  |
| Project Manager |  |
| ACA Project Code |  |
| Organization Name |  |
| Organization Type *(check one)* | Academic  Not for profit  Other |
| Report Submitted by |  |
| Date |  |

Introduction

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| --- |
| Briefly describe your project background and objectives: |

**Project Status:** Briefly describe work completed to date and outline how you met or are meeting the project objectives identified in our Cooperative Funding Agreement (Schedule A)

Objective:(*As listed in application form)* Current Status of Objective (*Please provide details*):

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What is the current status of the project? (i.e. proceeding as planned? are there any unexpected delays or changes in project plans?) *Please provide details*.

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**Deliverables:** Identify any deliverables outlined in Schedule A for this period and their scheduled completion. Deliverables include: participant numbers, events held, reports, publications, km of fencing, ha restored habitat etc..

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**Acknowledgement of ACA** – please provide information on how and when you acknowledged ACA as a project funder

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**Financial Report – Disclosure of how ACA Funds were spent**

Please provide an account of how ACA funds were expended as per your project budget from the Cooperative Funding Agreement.

INITIAL PAYMENT RECEIVED YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Item (Category)  From approved budget in Schedule A | Amount budgeted ($)  From approved budget in Schedule A – ACA contribution | ACA funds used ($)  ACTUAL Expenses | Comments: |
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Please list any additional funds generated for this specific project and/or any co-financing listed in the proposal as pending that has since been confirmed

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**Any Additional Comments:**

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**PLEASE NOTE:** **The second payment (for projects on a 3 payment schedule) will be made upon approval of this report and receipt of an invoice or a completed ‘request for payment’ form.**

Request for Payment Form

Grant Recipient

ACA Grants 2016-2017



Date:

Initial Payment  Interim Payment  Final Payment

**Funding Recipient Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title: | |  | | | |
| Name of Recipient: | |  | | Not for profit No. or Business No. |  |
| ACA Project Code: | |  | | Payment Amount: |  |
| Phone: |  | | Email: |  | |

**Cheque Remittance information**

Cheque payable to: (include *full address*)

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*Please note: payment can be made from an invoice.*

Return to:

Alberta Conservation Association

101 – 9 Chippewa Road

Sherwood Park, AB

T8A 6J7

Attn: **Amy MacKinven, ACA Grants Administrator**

**Toll-Free Telephone: 1.877.722.4323**

Facsimile: 780.464.0990

Email: [amy.mackinven@ab-conservation.com](mailto:amy.mackinven@ab-conservation.com)