**Final Report Submission Form**2023/2024
**ACA Research Grants
and ACA Conservation, Community, and Education Grants**

*Due by March 15, 2024*

*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 |  |

**Final Project Summary**: Briefly describe the goal, objectives, main activities, and results and achievements in
*200 to 320 words*. This paragraph should provide a stand-alone overview of the completed project.

|  |
| --- |
|  |

**Project Background**: Briefly describe your project's background and objectives.

|  |
| --- |
|  |

**Project Status:** Briefly describe work completed to date and outline how you met or are meeting the project objectives identified in Schedule A of the ACA Cooperative Project Agreement (e.g., the approved application form).

Objective Current Status of Objective
(*as listed in Schedule A – application form)*: (*please provide details*):

|  |  |
| --- | --- |
|  |  |

Describe the current status of the project (i.e., completed as planned, unexpected delays, or changes in project plans). *Please provide details*.

|  |
| --- |
|  |

Describe the main results of the project. Were there any unexpected results from the project?

|  |
| --- |
|  |

**Special Conditions:** Provide details for any special conditions outlined for your project, if any.

|  |
| --- |
|  |

How has each of these conditions been met?

|  |
| --- |
|  |

**Deliverables:** List any project deliverables outlined in Schedule A of the ACA Cooperative Project Agreement (e.g., the approved application form) and status. Project deliverables include participant numbers, events held and date of events, reports, publications, length (km) of fencing, area (ha) of restored habitat, etc.

|  |
| --- |
|  |

**Acknowledgement of ACA**: Provide information on how and when you acknowledged ACA as a project funder.

|  |
| --- |
|  |

**Media Submissions**

 **Photo Captions:**Please provide **one to five** high quality digital images resulting from your project.Please write a short caption (maximum 25 words each) for each of your images in the text box below. Please provide clear information on who should be credited for each image. ***Send pictures as separate files, not inserted into this report document.***

|  |
| --- |
|  |

**Video Captions (OPTIONAL):**You are welcome to provide **one** (10-30 second long) high quality video clip resulting from your project.Please write a short caption (maximum 25 words) for your video in the text box below. Please provide clear information on who should be credited for the video.

|  |
| --- |
|  |

[ ]  I confirm that I am the owner of and/or have the legal right to share the media I am providing. I hereby give ACA permission to use the media I am providing to represent my work in ACA’s grant publications and grant-related media. I also give ACA permission to produce, reproduce, publish, display, distribute, edit, print, trade, or share in publications, posters, exhibits, films, video presentations, audio/video presentations, news releases, advertisements, on social media, and all other digital and online formats in perpetuity. And I hereby irrevocably waive all rights I may have to the media and the content of the media, including the right to any compensation and the right to inspect or approve of any use, reproduction, display or distribution by ACA in perpetuity.

**Additional Comments**

|  |
| --- |
|  |

**Financial Report – Disclosure of How ACA Funds were Spent**

Provide an account of how ACA funds were expended as per your project budget from the ACA Cooperative Project Agreement.

INTERIM PAYMENT RECEIVED YES [ ]  NO [ ]  N/A [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Budget Item (Category)From budget in approved application (Schedule A of signed Project Agreement) | Amount Budgeted ($)ACA Contribution From budget in approved application (Schedule A of signed Project Agreement)  | ACA Funds Used ($)ACTUAL expenses | Amount Budgeted ($)TOTAL PROJECTFrom budget in approved application (Schedule A of signed Project Agreement)  | TOTAL PROJECT SPENDING ($)ACTUAL expenses to carry out project as outlined in the approved application | Comments |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

**NOTE: Please append scanned copies of supporting invoices/receipts to your final report.**

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.

|  |
| --- |
|  |

**PLEASE NOTE:** **The final payment will be made upon approval of this report and receipt of an invoice or a completed Request for Payment Form (next page).**

**Request for Payment Form**

**Grant Recipient**2023/2024

**

Date:

[ ]  Initial Payment [ ]  Interim Payment [x]  Final Payment

**Funding Recipient Information**

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

Select Payment Type Below:

[ ]  Electronic Funds Transfer (EFT) (provide VOID Cheque if not already set up)

[ ]  Cheque

**Payment Remittance Information**

Payment payable to: (*include* *full address*)

|  |
| --- |
|  |

**Please Note: Payment can be made from an invoice.**

**Amy MacKinven by email:** amy.mackinven@ab-conservation.com (preferred)

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

Fax: 780.464.0990