ACA Grants 2018/2019

Final Report

*Due on or before 15 March 2019*

*Return to:* [*amy.mackinven@ab-conservation.com*](mailto: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 include the goal, objectives, main activities, as well as results and achievements* – no more than 400 words. This paragraph should provide a stand-alone overview of the completed project). |
|  |
| 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 proposal)* Current Status of Objective (*please provide details*):

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

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

|  |
| --- |
|  |

What were the main results of the project? Were there any unexpected results from the project?

|  |
| --- |
|  |

**Special Conditions:** Detail any special conditions outlined for your project, if any?

|  |
| --- |
|  |

How has each of these conditions been met?

|  |
| --- |
|  |

**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..

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Additional Comments**

|  |
| --- |
|  |

**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.

INTERIM PAYMENT RECEIVED YES  NO  N/A

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Item (Category)  From budget in approved application (Schedule A of signed Project Agreement) | Amount budgeted ($)  From budget in approved application (Schedule A of signed Project Agreement) – ACA contribution | ACA funds used ($)  ACTUAL Expenses | Comments: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

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

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

|  |
| --- |
|  |

**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.**

Request for Payment Form

Grant Recipient

ACA Grants 2018/19

**

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*)

|  |
| --- |
|  |

*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)