ACA Grants 2019/2020

Interim Report

*Due by September 2, 2019*

*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 |  |

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

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**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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Describe the current status of the project? (i.e., proceeding as planned, 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:** 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**

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

INITIAL PAYMENT RECEIVED YES [ ]  NO [ ]

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| --- | --- | --- | --- |
| Budget Item (Category)From approved budget in Schedule A of Project Agreement | Amount Budgeted ($)From approved budget in ACA contribution in Schedule A of Project Agreement | ACA Funds Used ($)ACTUAL expenses | Comments |
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| **TOTAL** |  |  |  |

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 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

ACA Grants 2019/2020



Date:

[ ]  Initial Payment [x]  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**

Fax: 780.464.0990

Email: amy.mackinven@ab-conservation.com