

# NORTHERN HEALTHY COMMUNITIES FUND CAPITAL PROGRAM

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If you are using an earlier version, you will not be able to save any information you enter into the form. Adobe Reader is a free download available at: <https://get.adobe.com/reader>



**✦ Please ensure documents are downloaded and saved to your computer desktop prior to entering any information. If opened and completed within your internet browser, any information entered will not be saved.**

## 1. Project Profile

Project #:	Project name:
Proponent organization (legal name):	

## 2. Primary Contact Information

Primary contact (for this report):	Position/title:
Telephone:	Email:

## 3. Reporting Period

Final payment date: (dd-mmm-yyyy)	Which year are you reporting on?
✦ This date can be found on the final cheque or the letter accompanying the final cheque for this project.  ✦ If you are unable to locate this date, give us a call at 250-561-2525.	<b>Year 1</b> ✦ If reporting on <b>Year 1</b> , please report on the following time period: _____ to _____ Enter dates (dd-mmm-yyyy): _____ to _____
	<b>Year 2</b> ✦ If reporting on <b>Year 2</b> , please report on the following time period: _____ to _____ Enter dates (dd-mmm-yyyy): _____ to _____
	✦ Where applicable, only complete Year 1 or Year 2 actual fields, based on your selection above.

## 4. General Information

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Describe how the project has positively impacted the organization.

Would you have done anything different?

## 5. Mandatory Key Deliverables

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### Support/services:

Describe what kind of support/services the project provided, the demographic (i.e. youth, elderly, Indigenous, etc.) that benefited, how the project benefitted the community, and the number of people it reached:

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**# of communities served:**

Baseline: <i>(as per signed agreement)</i> <i>(current per application)</i>	Year 1 Projection: <i>(as per signed agreement)</i>	Year 1 Actual:	Year 2 Projection: <i>(as per signed agreement)</i>	Year 2 Actual:
List the additional communities that were served.				
Please comment on the impact of the measurable. If the project did not see results as projected, please indicate why.				

**Employment:**

Nature of positions:	Baseline # of positions: <i>(as per signed agreement)</i> <i>(current per application)</i>	Projected # of new positions: <i>(as per signed agreement)</i>	Current # of positions, as of Year 1 end date:	Current # of positions, as of Year 2 end date:
Direct permanent full-time jobs:				
Direct permanent part-time jobs:				
Direct permanent seasonal jobs:				
Please identify any position(s)/title(s) that varied from projected <i>(as per signed agreement)</i> .				
Please comment on the impact of the measurable. If the project did not see results as projected, please indicate why.				

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**6. Additional Key Deliverables** ✦ **Only complete sections identified in your signed agreement.**

**# of programs offered:**

Baseline: <i>(as per signed agreement)</i> <i>(current per application)</i>	Year 1 Projection: <i>(as per signed agreement)</i>	Year 1 Actual:	Year 2 Projection: <i>(as per signed agreement)</i>	Year 2 Actual:
Please comment on the impact of the measurable. If the project did not see results as projected, please indicate why.				

**# of rentals and/or events at the facility:**

Baseline: <i>(as per signed agreement)</i> <i>(current per application)</i>	Year 1 Projection: <i>(as per signed agreement)</i>	Year 1 Actual:	Year 2 Projection: <i>(as per signed agreement)</i>	Year 2 Actual:
Please comment on the impact of the measurable. If the project did not see results as projected, please indicate why.				

**Other measurable** *(as per agreement)*: \_\_\_\_\_

Baseline: <i>(as per signed agreement)</i> <i>(current per application)</i>	Year 1 Projection: <i>(as per signed agreement)</i>	Year 1 Actual:	Year 2 Projection: <i>(as per signed agreement)</i>	Year 2 Actual:
Please comment on the impact of the measurable. If the project did not see results as projected, please indicate why.				

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Other measurable (as per agreement): \_\_\_\_\_

Baseline: <i>(as per signed agreement)</i> <i>(current per application)</i>	Year 1 Projection: <i>(as per signed agreement)</i>	Year 1 Actual:	Year 2 Projection: <i>(as per signed agreement)</i>	Year 2 Actual:
Please comment on the impact of the measurable. If the project did not see results as projected, please indicate why.				

## 7. Authorization

I confirm that I have inputted all applicable baselines and projections as per the project's signed agreement.

I confirm that the information in this report is accurate, complete, and fairly presented.

I authorize Northern Development to make enquiries in order to verify the results reported.

I agree to provide upon request any additional updates and reporting Northern Development staff deems necessary.

I understand that information provided to Northern Development may be accessible under the Freedom of Information (FOI) Act.

Name (organization signing authority): <i>✦ Please type name.</i>	Position/title:
Signature:	Date (dd-mmm-yyyy):

## 8. Submitting Your Report

Completed project reporting forms (with all required attachments) should be provided electronically to Northern Development by email to [NHCF@northerndevelopment.bc.ca](mailto:NHCF@northerndevelopment.bc.ca).

**✦ Northern Development requires this fillable PDF form. Please only scan the signature page. Please submit this Key Deliverables Reporting form and any attachments in one email.**