

RURAL BUSINESS AND COMMUNITY RECOVERY

REGIONAL BUSINESS LIAISON

FINAL REPORTING FORM

Adobe Reader 8.0+ is required to complete this project report form.

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: <http://www.adobe.com/products/acrobat/readstep2.html>



+ 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. Proponent Profile

Project #:	Organization name:	Mailing address:

2. Primary Contact Information

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

3. Required Attachments

Pay summary(s) or Payroll/Expenses Breakdown Template, or copies of invoices (if hired on contract)

✦ *Must identify employee name and show year to date totals.*

✦ *Paystubs and timesheets will be requested at Northern Development's discretion*

Ledger

Copies of invoices/receipts for travel and/or professional services

Reportable Outcomes template.

4. Regional Business Liaison Information

First and last name:	Job title:
First day worked/paid for this position:	Final day worked/paid:

5. Outcomes

<p>Comment on the impacts the RBL role has had on the businesses and/or organizations within the region. Comment on the kind of support they were interested in and how you were able to help them:</p>
<p>Please provide any additional comments on program delivery to date (successes, challenges, etc.):</p>
<p>Please provide any success stories/testimonials from program delivery:</p>

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6. Actual Expenses

✦ Please refer to the [Application Guide](#) for eligible and ineligible costs.

Expense item:	Total for one-year term:	% of position dedicated to regional business liaison activities:	Eligible expenses:
Salary/wages	\$	(minimum 50%)	\$
Vacation pay (minimum 4% if days not provided)	\$		\$
MERCS (CPP, EI, WCB, EHT)	\$		\$
Pension (employer portion to a maximum of 9.85%)	\$		\$
Benefits (maximum 10% of wages)	\$		\$
Travel expenses related to business liaison activities (excluding GST)			\$
Professional services (excluding GST)	\$	maximum \$5,000	\$
Allowance for general overhead costs	\$	maximum \$5,000	\$
Total Budget: \$		Eligible Budget: \$	
Requested Grant: (100% to a maximum of \$85,000)			\$
Required Applicant Contribution:			\$

7. Reporting Confirmation

I have read and understand the eligible and ineligible costs the [Application Guide](#) and confirm ineligible costs have been excluded.

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

I agree that I will submit any revised reporting or requested information within 15 business days of receiving the request for additional information from Northern Development.

Name (organization signing authority): ✦ Please type name.	Position/title:	Date:

8. Submitting Your Report

Completed project reporting forms (with all required attachments) should be provided electronically to Northern Development by email to finance@northernddevelopment.bc.ca. * Do not scan this form.