

NORTHERN HEALTHY COMMUNITIES FUND CAPITAL PROGRAM

Adobe Reader 8.0+ is required to complete this reporting 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: <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. Proponent Profile

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

2. Primary Contact Information

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

3. Required Attachments

A spreadsheet detailing all project expenses, as per completed [Actual Project Expenses Template](#).

✦ *Must support the amount entered in Claim Summary.*

✦ *Must be provided in excel format.*

A project ledger detailing all project expenses, printed from your accounting software, as well as a version that has been exported to excel.

Copies of all invoices over the dollar amount specified in your signed agreement.

✦ *Northern Development reserves the right to request copies of additional invoices.*

✦ *If applicable, supporting documentation for wages must be made available to Northern Development upon request (eg. paystub(s), timesheets, etc.).*

If applicable:

In-kind volunteer labour log (with name, date, hours, and hourly rate).

Verification for all monetized donations (donated materials, equipment, or services from third parties).

✦ *Refer to the [Application Guide](#) and/or signed agreement for rates and requirements.*

Photos of the completed project.

4. Final Reporting

How did the project go compared to the original plan?	
Were you able to complete everything listed in your project budget? If not, please explain.	
Project timeline:	(dd-mmm-yyyy)
Actual project start date	
Actual project completion date	
Were there any major variations from the original project budget? If yes, please explain.	
Indicate the physical condition of the asset after investment. ★ <i>After photos required.</i>	
N/A	Very poor
Poor	Fair
Good	Very good

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5. Claim Summary

This claim:	Amount (\$):
Reported actual eligible spend to date <i>(as per completed Actual Project Expenses Template)</i>	\$
x Northern Development funding percentage <i>(as per signed agreement)</i>	x
= Calculated reimbursable amount	=
Less: funding already received <i>(advance, if applicable)</i>	\$
= Calculated amount requested	=
Maximum funding approved <i>(as per signed agreement)</i>	\$
TOTAL AMOUNT REQUESTED:	\$

6. Key Deliverables Reporting

- ✦ Recipients are required to complete two years of key deliverables reporting using the [Key Deliverables Reporting Form](#).
 - ✦ Year 1 reporting is based on the 12-month period following the final payment date.
 - ✦ Year 2 reporting is based on the subsequent 12-month period.

I agree to report on this project in accordance with the key deliverables outlined in the signed agreement.

7. Authorization

- I have read and understand the [Application Guide](#) and confirm ineligible costs have not been included.
- I confirm that funding received or to be received for this project will not exceed the total cost of this project.
- 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 information 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 finance@northerndevelopment.bc.ca.

✦ Northern Development requires this fillable PDF form. Please only scan the signature page. Please submit this Reporting Form and all attachments in one email.