**Interim Report Submission Form**2024/2025 **Minister’s Special Licence**

**Raffle Funds Grants**

*Due by September 1, 2024*

*Return to:* *amy.mackinven@ab-conservation.com*

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| --- | --- |
| Project Title  |  |
| Project Manager  |  |
| ACA Project Code  | 2685 |
| 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 Schedule A of the ACA Cooperative Project Agreement (i.e. the approved application form).

Objective Current Status of Objective
(*as listed in Schedule A - application form):* *(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 of the ACA Cooperative Project Agreement (i.e. the approved application form) 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 MSLRFG:** Provide information on how and when you acknowledged MSLRFG as a project funder.

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**Financial Report – Disclosure of How MSLRFG Funds were Spent**

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

GRANT PAYMENT RECEIVED YES [ ]  NO [ ]

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| Budget Item (Category)From approved budget in Schedule A of Project Agreement | Amount Budgeted ($)From approved budget in MSLRFG contribution in Schedule A of Project Agreement | MSLRFG Funds Used ($)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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