

Activity Report

| Recipient Name | Project Number | Project Title | | | | | | | |
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| Period Covered | | | | | | | | | |
| Fiscal Year: | | | | | | | | | |
| Quarter (Select the appropriate quarter) | | | | | | | | | |
| Q1 - April 1 st to June 30 th | Q2 - July 1 st to Septen | Or month: | | | | | | | |
| Q3 - October 1 st to December 31 st | Q4 - January 1 st to March 31 st | | | | | | | | |
| 1 Depart on Progress | | | | | | | | | |
| Report on Progress Describe the progress achieved this. | neriod for each of the object | tives, activities. Please use concrete examples and | | | | | | | |
| reference your project milestones. | period for each of the object | aves, activities. Fiedse use concrete examples and | | | | | | | |
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| 1. Report on Progress - (Continued) |
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| b) Is the project on track to meet the expected results in your agreement? Please provide specific examples to support you |
| response. |
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| 1. Report on Progress - (Continued) |
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| c) What is your overall progress toward the stated objectives outlined in the project description of your Funding Agreement Based on these is your project: |
| ☐ delayed ☐ on-time ☐ ahead of schedule |
| If delayed or ahead schedule, please provide a rationale describing how you plan to adjust timelines. |
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| 1. Report on Progress - (Continued) |
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| d) Have all financial and / or non-financial partnership commitments to this project been fulfilled or are they in the process of being fulfilled? If not, are there any foreseeable concerns that this might jeopardize the results of this project. |
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| 2. Amendment | | | | | | | | | |
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| a) Do you expect any changes to the budget or activities outlined in the agreement? | | | | | | | | | |
| ☐ No ☐ Yes If yes, please provide a detailed explanation of any change(s)/modification(s) needed to: | | | | | | | | | |
| Activities of the Funding Agreement: | ☐ Budget of the Funding Agreement: | | | | | | | | |
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| 3. Success Stories / Lessons Learned | | | | | | | | |
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| a) Describe the success stories or lessons learned that occurred this period: | | | | | | | | |
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| 4. Additional information as per program specific requirements |
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| a) If applicable, indicate the progress of participants for this period. Provide examples of how participants are developing their skills and knowledge and are working towards meeting their employment goals. |
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| 4. Additional information as per program specific requirements - (Continued) | | | | | | | | | |
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| b) If applicable, indicate the impact that your project results are having on the lives of Canadians. Provide project results and explain how the information, programs and services are being accessed by: individuals (includes: children, youth, parents, seniors, caregivers), families, organizations, communities, etc.) If workshops were delivered, indicate the number of attendees. | | | | | | | | | |
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| 4. Additional information as per program specific requirements - (Continued) | | | | | | | | | |
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| c) If applicable, provide the number and type of partnerships / networks that have been developed this period. Descripartnership / network activities that occurred during this reporting period i.e. exchange of business cards; financial someone who provides advice on construction activities. | be the nature; | | | | | | | | |
| someone who provides advice on construction activities. | | | | | | | | | |
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| 5. (| Oth | er In | format | tion | | | | | | | | | |
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| 7 | a) | Is the | ere any | y other in | formation a | about your | project's | progress t | hat you wa | ant to share | e with us? | | |
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| The information you provide is collected under the auspices of Employment and Social Development Canada for the purpose of administering programs. The information collected will be subject to the Access to Information Act. | | | | | | | |
|--|------------|--|--|--|--|--|--|
| The undersigned hereby certifies that the above information is in accordance with the Terms and Conditions of the funding agreement. | | | | | | | |
| Authorized Claimant Name: | | | | | | | |
| Signature: | | | | | | | |
| Date: | yyyy/mm/dd | | | | | | |
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