



Final Report *Submitted by the Recipient to ASD*

Within 60 days of the project completion or termination, the Recipient must submit a final report along with a final claim, when applicable. The report must contain at least the following information:

1) Name of the Recipient:

2) Name of the project:

3) Funding approved by ASD:	Amount received:	Amount spent:
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4) Was there any advance provided by ASD? Yes: How much: _____ No:

5) Summary of the activities conducted: *if none, explain the reasons and go to section 13*

6) Description of the objectives met and results obtained:

7) Attendance record:

8) Employment outcomes for each participant *(add a sheet if necessary)*:

Name of the participant	SIN of the Participant	Employment outcome (identify with ✓)		
		Employed	At school	Unemployed

9) Copy of the certificate or diploma obtained, when applicable:
 Attached: Not applicable:

10) Follow-up activity required for the participants, if any:

11) Identify who is the contact person for future communications and where the files will be kept:

12) Other comments:

14) Financial data for Participants (Back up of expenses)				
	Included	Not included	Not applicable	Comments
Salaries				
Record of employment	<input type="checkbox"/>		<input type="checkbox"/>	
Or Copy of general ledger (if not available – Cheque stub)	<input type="checkbox"/>		<input type="checkbox"/>	
Travel				
Travel claim	<input type="checkbox"/>		<input type="checkbox"/>	
Receipts	<input type="checkbox"/>		<input type="checkbox"/>	
Childcare				
Receipt from daycare or private	<input type="checkbox"/>		<input type="checkbox"/>	
Residence				
Receipts	<input type="checkbox"/>		<input type="checkbox"/>	

15) Financial data for Training (Back up of expenses)				
	Included	Not included	Not applicable	Comments
Professional fees				
Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel				
Travel claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Receipts (air fare, hotel, taxi, vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Costs				
Tuition receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material and supplies receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment/ facilities receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

16) I certify that all the information above is true. If any surplus was generated, I enclose a payment to reimburse such surplus:

Recipient's Signature: _____ Date: _____

Received by the Officer: _____ Date: _____

Verified by Coordinator: _____ Date: _____