

### Final Report

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

<b>RECIPIENT (Name of Organization or Individual)</b>
<b>Project Title</b>

<b>1 - PROJECT FUNDING (GENERAL)</b>		
<b>Total Funding Approved:</b>	<b>Amount Received:</b>	<b>Amount Spent:</b>
\$	\$	\$
<b>WERE ANY ADVANCES RECEIVED?</b>		
<b>Yes:</b>	<b>No:</b>	<b>If Yes, how much: \$</b>

<b>2 - ACTIVITIES &amp; RESULTS</b>
<b>Summary of the activities conducted:</b>
<b>Description of the objectives met and results obtained:</b>
<b>Additional Activities and Results May Be Attached Separately</b>



### 3 - PARTICIPANTS

#### Employment or Training Outcomes for each Participant

Participant (Name)	SIN	Em- ployed	At School	Un- employed	Training Successful

Attendance Record:	Attached: ____	Not Applicable: ____
Copy of Certificate(s) or Diploma(s):	Attached: ____	Not Applicable: ____
Follow-Up Activity Required:	Attached: ____	Not Applicable: ____

**Additional Employment/Training Outcomes May Be Attached Separately**

### 4 - Contact Information (Future Communications)

Identify the contact person for future communications, and where the project files/records will be kept.

#### CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### MAILING ADDRESS

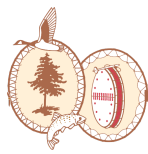
Address (P.O.): \_\_\_\_\_ City/Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### LOCATION OF FILES/RECORDS (If Different) Use Mailing Address

Address (P.O.): \_\_\_\_\_ City/Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### 5 - Other Comments

**Additional Comments May Be Attached Separately**



<b>6 - Financial Data for Participants (Record of expenses)</b>				
	Included	Not Included	Not Applicable	Comments
<b>Salaries</b>				
Record of Employment				
General Ledger				
Pay Stubs				
<b>Travel</b>				
Travel Claim				
Receipts				
<b>Residence</b>				
Receipts				

<b>7 - Financial Data for Training (Record of expenses)</b>				
	Included	Not Included	Not Applicable	Comments
<b>Professional Fees</b>				
Invoice				
Proof of Payment				
<b>Travel</b>				
Travel Claim				
Receipts				
<b>Training Costs</b>				
Receipts - Tuition				
Receipts - Materials and Supplies				
Receipts - Equipment/Facilities				

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT  
OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
Received by Program Development Officer

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Verified by the Manager of ASD Programs

\_\_\_\_\_  
DATE