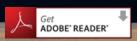


COAST FUNDS FINAL REPORT ECONOMIC DEVELOPMENT

Please ensure you use Adobe Reader when completing this form:



Please complete and submit this document by email to Coast Funds at projects@coastfunds.ca. If you have any questions regarding the Final Report, we can be reached at 604-684-0223.

Economic Development Project Title	Date of this Final Report (dd mmm yyyy)	
Applicant Organization (Legal Name)		Coast Funds Project Number
, ,		,
Project Start Date (dd mmm yyyy)	Project End Date (dd mmm yyyy)	Final Award Amount
Final Progress Report		
Please provide an overview of the project	tincluding a summary of the most importa	ant achievements.

COAST FUNDS

Key Objectives of the Project			
Please describe how each of the project obje	ectives were achieved, ar	nd note any achievements that were not originally anticipated.	
Original Objective	Achievement (%)	Details	
1.			
2.			
3.			
4.			
5.			
.			
Economic Benefits			
Please provide a summary of the economic	benefits to the local and/	or regional economy that the project achieved or enabled.	
Environmental and Social Benefits			
Please provide a summary of the environme	ntal and social benefits t	that have resulted from the project.	
Lessons Learned and Next Steps			
Were there lessons learned as the project w	as implemented? What	would you do differently if you were to do the project again?	

New Employment (Job Creation)

Please provide an overview of the <u>new</u> employment this project created. Please only include jobs that did not exist previous to this project work occurring.

Job types	Total number of new jobs	Of total new jobs, # held by First Nations	Hours of employment per week (average)	Tota	al months worked
Direct permanent full-time jobs			35+ hours/week	12	months/year
Direct permanent part-time jobs			hours/week	12	months/year
Direct seasonal jobs			hours/week		months/year
Direct temporary jobs (eg. construction or consulting)			hours/week		months

Please describe the above jobs including job titles/roles and any further details:

Permanent New Full-Time Equivalent (FTE) Employment Created:

Economic Development Partnerships

Please confirm the key business partners for this project, including supplier agreements, distributors, and joint ventures, as well as partnerships with universities, non-governmental organizations, and other First Nations.

Partner Organization	Type	Outcomes	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please describe how these partnerships increased the success of your economic development project.

New and Expanded Businesses		
# of New Businesses Created or Acquired	Name of Business(es) and Description	Sector(s)
# of Businesses Expanded	Name of Business(es) and Description	Sector(s)
Of the new businesses that were creat	ted, acquired or expanded, please note the foll	owing:
# of First Nations Owned Businesses	Description	Sector(s)
Consitu Duilding		
Capacity Building		
How many staff received training duri	ng tnis project?	
How many days of training did staff re	eceive overall? (Please indicate the total for all	staff combined)
In which general areas did individuals	receive training this year as a result of the pro	ject?
Leadership or Management	Tourism	First Aid / Emergency Response
Office / Administration	Manufacturing & Processing	Vessel operator
Financial Management	Forestry	Data Management
Cultural	Aquaculture	Other:
If training described above was at a fo	ormal institution, describe the name of the pro	gram, the institution, and any certifications achieved.
Training Program Name	Institution	Certification Achieved # of ppl
1.		
2		
2.		
3.		
4.		
5.		

Please provide a summary of the training initiatives during this project.

Traditional	l Knowledge
таошопа	IKNOWIEDPE
T I d di Ci O i i di	owiedage

Please check each of the following areas of traditional knowledge that the project supported and describe how the project help to support these areas.

Language

Access to traditional foods

Engaging elders to transfer knowledge to youth

Traditional stewardship practices

Protection and restoration of cultural assets (e.g. CMTs, historic village sites, petroglyphs)

Expression of art or history

Other Project Funding			
Funding Source	Туре	Status	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total Other Funding Sources:	\$
		Funding from Coast Funds:	\$
		Total Project Funding:	\$

Other Assets				
# of New or Acquired Tenures	Please describe a	ny tenures acquired during the pr	oject, such as shellfish or f	orestry tenures.
# of New or Acquired Licenses	Please describe a	ny licenses acquired during the pi	roiect such as CFIA license	s or other operatina
66 6	licenses.	, neeneed dequired daning the pr	ojece, caen ac e. n. necnec	or other operating
# of New or Acquired	Please describe a	ny certifications acquired during	the project, such as Forest	Stewardship Council,
Certifications	Ocean Wise, or of	ther industry certifications.		
Primary Contact Information				
Name		Title		
Email		Work Phone	Work Extension	Cell Phone
Mailing Address		City	Province	Postal Code
Walling Address		City	Trovince	1 Ostal Code
<u>Authorization</u>				
By entering my name here electrocomplete, and fairly presented.	onically, I (we) certify	y that the information in this repo	ort and attached project w	ork plan is accurate,
complete, and family presented.				
Name of an Organizational Signin	g Authority	Title	Date	e (dd mmm yyyy)

Attachments

Please ensure that each set of documents noted below is attached as part of your complete Final Report.

Project Photos

Please attach photos showing the completed project. Where possible, please include photos of customers, photos of the people who led the project, and/or photos of community members involved with the project.

Current Financial Statements

Date of Period Ending:

Financial statements (balance sheet, income statement, cash flow statement) for the most recent year (audited if available) as well as the organization's most recent monthly/quarterly in-house financial statements.

Please summarize the current financial statements that are attached to this Final Report.

D -	l			
ĸa	ıan	C_{Θ}	\sim r	neet

Balarice Street				
Total Current Assets	Total Long Term Assets	Total Current Liabilities	Total Long Term Liabilities	Total Equity
\$	\$	\$	\$	\$
Total Assets:	\$	Liabilitie	es and Shareholder's Equity:	\$
Income Statement				
Revenue	Cost of Goods Sold	Gross Margin	Expenses	Net Income
\$	\$	\$	\$	\$

Other Documents

Please attach other relevant documents developed under the project such as a marketing plan, brochures, or strategic plan.

List other documents attached:

PROJECT WORK PLAN

Please provide an update for each completed Work Plan Activity.

Work Plan Activity	Responsibility	Budget	Budget Category	Planned Start Date	Planned End Date	Actual Cost	Actual End Date	Activity Update
List all key activities in the work plan for the project.	Identify the person, partner or supplier responsible for each activity.	Note the planned cost for each activity.	Select the expense type for each activity.	Note the planned activity start date. (dd-mmm-yyyy)	Note the planned activity end date. (dd-mmm-yyyy)	Note the actual cost for each completed activity.	Note the date that each activity was completed. (dd-mmm-yyyy)	Please provide an update for any activities that are behind schedule or incomplete. If there is a significant variance in cost vs. budget, please provide an explanatory note.
1.		\$				\$		
2.		\$	10			\$		
3.		\$				\$		
4.		\$			M	\$		
5.		\$				\$		
6.	5	\$				\$		
7.		\$				\$		
8.		\$		Y		\$		
9.		\$				\$		

Work Plan Activity	Responsibility	Budget	Budget Category	Planned Start Date	Planned End Date	Actual Cost	Actual End Date	Activity Update
10.		\$				\$		
11.		\$				\$		
12.		\$				\$		
13.		\$	10			\$		
14.		\$				\$		
15.		\$			V	\$		
16.		\$				\$		
17.	5	\$		1		\$		
18.		\$				\$		
19.		\$		<i>y</i>		\$		
20.		\$				\$		
ТОТА	L PROJECT BUDGET:	\$		TOTAL C	COSTS TO DATE:	\$	'	