

EDUCATION AND CAPACITY BUILDING PROGRAM 7.0 INTERIM CHECK-IN REPORT

SUBMIT VIA EMAIL (PDF WITH SIGNATURE) TO THE IESO'S CONTRACT MANAGEMENT – ENERGY SUPPORT PROGRAMS AT ECB@ieso.ca

This is the Interim Check-In Report in respect of the Education and Capacity Building Program Funding Agreement bearing the Funding Agreement Identification Number provided below between the IESO and the Recipient (the “**Funding Agreement**”). Capitalized terms used but not defined herein have the meanings ascribed to them in the Funding Agreement.

Instructions:

- The Report must be signed by an authorized signing officer of the Recipient or the Lead Recipient, as applicable.
- A completed Interim Check-in Report must be submitted with a Request for Funding for the Second Disbursement.
- A Request for Funding for the Second Disbursement will not be processed until this Interim Check-in Report has been completed and submitted to the IESO.
- Ensure all other Deliverables outlined in your Funding Agreement are submitted with the Request for Funding for a Second Disbursement.
- Please contact your IESO contract analyst should you have any questions.

Date of Check-In Report:			
Name of Recipient/Joint Recipients (if applicable):			
Name of Lead Recipient (if applicable):			
Funding Agreement Identification Number			
Project Name		Final Deliverable Date	
Funding	Maximum Funding Amount:		
	Funding disbursed by IESO to date:		
	Funding Spent to Date:		
	Funding amount remaining for Recipient:		
Are you on track to complete the activities identified in the Work Plan by the Final Deliverable Date? If not, please explain.			

1. Work to date: – Provide an overview of the results from the work undertaken to date as outlined in the Work Plan (Schedule C) of your Funding Agreement.

Activity	Date range (dd/mm/yy)	Detailed description of work undertaken	Project Team members involved in the applicable activity and a description of their respective roles and responsibilities

2. Upcoming work – Provide an overview of the work that will be initiated or continued. Please provide expected completion dates, detailed information about the work to be completed.

Activity	Expected start date – Expected completion date (dd/mm/yy)	Detailed description of work to be undertaken	Project Team members involved in the applicable activity and a description of their respective roles and responsibilities

3. Please provide a summary of the results to date from the Initiative. (A separate more detailed account of the results can be submitted, indicating “see attached” in the box below and attaching the document accordingly.)

4. Alerts or Variances from Agreement – Please provide any details about issues related to the development of your Initiative that may prevent the Initiative from moving forward or completion of the activities identified in the Work Plan as contemplated by the Funding Agreement?

5. Other – Please list any other information that you feel is valuable and important for the IESO to know about your progress in completing your Initiative.

Name of Recipient or Lead Recipient, as applicable

Signatory Signature
I have the authority to bind the Recipient/Lead Recipient.

Printed Name of Signatory, Title

Date executed