Education and Capacity Building (ECB) Program 9.1

Request for Funding Report - Final

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

Capitalized terms not defined herein have the meanings ascribed to them in the Funding Agreement.

The Request for Funding Report must be submitted by the Recipient in order to receive a Disbursement. The Request for Funding Report outlines the Work undertaken by the Recipient that is evidenced by the Deliverables for which a Request for Funding is being submitted.

The Request for Funding Report must be completed in its entirety and be executed by the Recipient, or Lead Recipient, as applicable, to be accepted. The IESO may request further documentation in support of the Request for Funding Report or reject the Request for Funding Report in accordance with the Funding Agreement.

Funding Information:

Date of Request For Funding:	
Recipient/Joint Recipient Name(s):	
Funding Agreement Identification Number:	
Maximum Funding Amount:	
Funding Disbursed by IESO to Date:	
Funding Spent to Date:	
Disbursement Amount requested:	
Funding amount remaining for Recipient:	
Milestone #:	



 Work to date: Provide an overview of the results of the Work undertaken for this Milestone in respect of the 'Schedule C' Work Plan and Budget of the Funding Agreement.

Activity with detailed description of the work undertaken	Resource involved in the applicable activity and description of their respective roles and responsibilities	Targeted Completion Date (dd/mm/yy)	Actual Completion Date (dd/mm/yy)	Targeted Budget (Cost of Activity / Disbursement, excludes HST)	Actual Spent Amount for Activity (excludes HST)

and attaching the document accordingly).

3. How were participants engaged throughout the Project?
Please include a total number or rough estimate of community members engaged:
Please select all that apply:
Participation in a workshop / community events
Input into a Community Energy Plan
Surveys and virtual presentations
Other
Based on your selection(s), please describe in more detail below:
1 HAW has the canacity and ar skills at the community or arganization
4. How has the capacity and/or skills of the community or organization increased as a result of the Project?
increased as a result of the Project?
increased as a result of the Project?
increased as a result of the Project? Please select all that apply:
increased as a result of the Project? Please select all that apply: Increased participation in a workshop
increased as a result of the Project? Please select all that apply: Increased participation in a workshop Increased knowledge of energy projects/topics
increased as a result of the Project? Please select all that apply: Increased participation in a workshop Increased knowledge of energy projects/topics Increased hands-on energy skills development
Please select all that apply: Increased participation in a workshop Increased knowledge of energy projects/topics Increased hands-on energy skills development Other Based on your selection(s), please describe in more detail below and identify any areas that
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5. How many community members have received formal training or education certification from a recognized institution enabled by participation in the ECB Program?
Please include a total number of community members that have received formal training or education certification:
Please select all that apply:
Received a Certified Energy Manager (CEM) designation or equivalent
Received a Certified Energy Auditor (CEA) designation or equivalent
Completed a course delivered by a college recognized by the Ministry of Colleges and Universities
Other
Based on your selection(s), please describe in more detail below:
6. Were there any jobs, apprenticeships or mentoring opportunities created through the Project?
Please select:
Yes
No
If yes, how many Full-Time Equivalent (FTE) roles were created or maintained in the past year in the First Nation or Métis community or organization, enabled by participation in the ECB Program? A Full-Time Equivalent (FTE) role is considered to be a position with 35 or more paid hours of work a week.

7. Are there any other success measures that resulted from this Project?
Please select: Yes No
If yes, please select all that apply:
Creating employment opportunities
Advancing economic development opportunities
Reducing energy costs for homes and businesses
Enabling community expansion
Other
Based on your selection(s), please describe in more detail below:
8. Do you believe that participation in the ECB Program has enabled or will enabl your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise?
your community or organization to spend less money on electricity, wood,
your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise?
your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise? Please select:
your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise? Please select: Yes
your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise? Please select: Yes No
your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise? Please select: Yes No Not Applicable Based on your selection(s), please describe in more detail below. If yes, please provide an estimate of how much money will be saved on an annual basis. Please also provide an
your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise? Please select: Yes No Not Applicable Based on your selection(s), please describe in more detail below. If yes, please provide an estimate of how much money will be saved on an annual basis. Please also provide an
your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise? Please select: Yes No Not Applicable Based on your selection(s), please describe in more detail below. If yes, please provide an estimate of how much money will be saved on an annual basis. Please also provide an
your community or organization to spend less money on electricity, wood, propane, gasoline, diesel, or other fuels than it would have otherwise? Please select: Yes No Not Applicable Based on your selection(s), please describe in more detail below. If yes, please provide an estimate of how much money will be saved on an annual basis. Please also provide an

your community	or organization in the ECB Program has enabled or will enable or organization to develop energy projects with economic ommunity or organization?
Please select: Yes	No
If yes, please select a	Il energy projects that apply:
Solar	
Wind	
Hydro	
Other	
Based on your selection	on(s), please describe in more detail below:
10.Do you believe th	nat participation in the ECB Program has generated or will
-	nat participation in the ECB Program has generated or will quality of life or social benefits for your community or
generate health, organization? Please select: Yes	quality of life or social benefits for your community or No
generate health, organization?	quality of life or social benefits for your community or No
generate health, organization? Please select: Yes If yes, please select al	quality of life or social benefits for your community or No
generate health, organization? Please select: Yes If yes, please select al Reduced air and Improved acces	No I that apply: d water pollution ss to safe, healthier and affordable housing
generate health, organization? Please select: Yes If yes, please select al Reduced air and Improved acces	No I that apply: d water pollution
generate health, organization? Please select: Yes If yes, please select al Reduced air and Improved acces	No I that apply: d water pollution ss to safe, healthier and affordable housing ss to energy education
generate health, organization? Please select: Yes If yes, please select al Reduced air and Improved access Improved access	No I that apply: d water pollution ss to safe, healthier and affordable housing ss to energy education
generate health, organization? Please select: Yes If yes, please select al Reduced air and Improved access Improved access Reduced energy Other	No I that apply: d water pollution ss to safe, healthier and affordable housing ss to energy education
generate health, organization? Please select: Yes If yes, please select al Reduced air and Improved access Improved access Reduced energy Other	No I that apply: d water pollution ss to safe, healthier and affordable housing ss to energy education of costs
generate health, organization? Please select: Yes If yes, please select al Reduced air and Improved access Improved access Reduced energy Other	No I that apply: d water pollution ss to safe, healthier and affordable housing ss to energy education of costs
generate health, organization? Please select: Yes If yes, please select al Reduced air and Improved access Improved access Reduced energy Other	No I that apply: d water pollution ss to safe, healthier and affordable housing ss to energy education of costs

11.Do you believe that participation in the ECB Program has enhanced or will enhance your community or organization's energy security?		
Energy security is defined as the uninterrupted availability of energy at a	an affordable price.	
Please select:		
Yes		
No		
Based on your selection(s), please describe in more detail below:		
The Recipient, or Lead Recipient, as applicable, confirms that each are attached hereto, as applicable:	of the following	
Submissions/materials requested by IESO for related activities completed,		
listed in Schedule C of the Funding Agreement, as required under the	Yes N/A	
applicable Milestone. For certainty, this includes the Case Study appended as Appendix A to this Report.	Tes N/A	
as Appendix At to this Report		
Please list Milestone Deliverables included with this Report as described in S	Schedule C of the	
Funding Agreement.		

Representations

The Recipient, or Lead Recipient, as applicable, represents and warrants to the IESO that:

- 1. the Recipient is in compliance with the Funding Agreement;
- 2. the Request for Funding Report does not request funding in respect of any Costs incurred for the services of any single External Resource used by the Recipient to carry out any of the Deliverables in excess of the Threshold Amount pursuant to Section 4.3(b) of the Funding Agreement;
- the Request for Funding Report does not request funding in respect of any Ineligible Expenses or duplicative funding, as per the Recipient's obligations under Sections 4.4 and 4.5, respectively, of the Funding Agreement;
- 4. as of the submission date of the Deliverable, no Default Event or Termination Event has occurred or is occurring; and
- 5. all information contained in the Request for Funding Report, and all submissions/materials included as the Deliverables in respect of this Request for Funding Report, is true, accurate and complete in all material respects.

Name of Recipient, or Lead Recipient, as applicab	ole
Signatory Signature	
I have the authority to bind the Recipient / Joint Recipient	ents
Printed Name of Signatory, Title	
Date executed	

Appendix A: Case Study

Please attach an overview of the Project including resources and process for use by the IESO on its Website and/or in its promotional materials. As provided for in the Funding Agreement, the IESO has the right to make changes to the summary including editing for grammar and style.