COMMUNITY ENERGY CHAMPION PROGRAM 1.0 QUARTERLY REPORT

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



Date of Quarterly Report:

The Quarterly Report is required to be submitted to the IESO as set out within Schedule D to provide an update and summary of the work undertaken during the preceding quarter. This Report also includes an evaluation and assessment of the results of the work completed during the applicable quarter, in reference to the Activities as set out in the Work Plan (Schedule C).

This Quarterly Report must be completed in its entirety and be signed by the Community Energy Champion.

Recipient/Joint Recipient Name(s):					
Funding Agreement Identification Number:					
1. Work to Date – Provide an overview and evaluation of the results of the work undertaken as outlined in the Work Plan of your Funding Agreement for all Activities <u>completed during this quarter</u> . The name of each "Activity" in the chart below must correspond with the Activities as listed in your Work Plan.					
Activity	Start Date	End Date	Detailed description of Work undertaken, including		
	(dd/mm/yy)	(dd/mm/yy)	the status of the Work completed at the time of the Quarterly Report		
Example: Complete energy audit of community centre	01/03/2019	15/03/2019	 The community centre was identified as the most expensive user of energy in the community energy plan Analyzed twelve months of previous energy bills, and noted that the highest energy usage was from December-March (likely heating) A blower door test and building envelope inspection were completed, and it was noted that there were significant areas of leakage. Inspected building's insulation and noted areas of potential improvement Tested the condition and energy efficiency of the furnace, water heater, kitchen appliances, and lighting. All items could be upgraded. 		

			t will be initiated or continued <u>in the next quarter</u> . ation about the work to be completed.
Activity	Expected Start Date (dd/mm/yy)	Expected Completion Date (dd/mm/yy)	Detailed description of Work to be undertaken

3. Have any issues or constraints been identified that may materially affect the completion of the Activities from				
being completed as planned? Has a mitigation or contingency plan been established for each affected activity?				
Completed By:	Signature:			
Title:				
Date Completed:				