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**Expression of interest (EOI) Funding Report to Support Indigenous Participation on**

**Species at Risk Act Consultation and Recovery Planning**

**Species At Risk Act (SARA) Consultation, Cooperation, and Accommodation (SARA-CCA) Project**

**\*Note: These reports will be shared with ECCC and ECCC staff may reach out to recipient to have a conversation about the outcomes of the project**

**1) General Project Information**

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| Project Recipient (Nation, Band, Indigenous Organization) |  |
| Contact Name |  |
| Project Title |  |
| Project Start Date |  |
| Project End Date |  |
| What species at risk were the focus of the project activities? |  |
| What other species are also benefitting from this work, list (if any?) |  |

**2) Project Activities, Challenges and Results**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Activity** | **Activity Status**Completed as Planned/ Partially Completed/Not Completed/ModifiedNote: If it has been modified, describe the revision. | **Challenges**(if any, describe how they were addressed) | **Description of Results/Progress** | **Threat(s)**1. Invasive Alien Species
2. Wildlife Disease
3. Illegal Wildlife Trade
4. Residential & Commercial
5. Agriculture & Aquaculture
6. Energy Production & Mining
7. Transportation & Service
8. Biological Resource Use
9. Human Intrusion & Distribution
 | **Activity Class**1. Land/Water Management
2. Species Management
3. Awareness Raising
4. Law Enforcement & Prosecution
5. Livelihood, Economic & Moral Incentives
6. Conservation Designation & Planning
7. Legal & Policy Frameworks
8. Research & Monitoring
9. Education
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**3) Indigenous Knowledge (if applicable)**

Please indicate if Indigenous knowledge was gathered/applied as part of project activities: **Yes/No**

If permissible, please describe how the knowledge was gathered/applied. As there are sensitivities around sharing information related to Indigenous knowledge, please note that answering this question is optional.

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**4) Continuation of Activities (if applicable)**

Please Indicate if the information collected from your project will contribute to species at risk recovery planning and/or recovery actions: **Yes/No**

Please indicate if project activities will continue after the funding for this project has ended: **Yes/No**

If yes, please describe how the project or its activities will continue.

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**5) Final Report on Project Budget**

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| **Total Amount of Funding Received** | **Total Actual Costs** |
| $ | $ |

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| --- | --- | --- | --- |
| **Reporting on Project Expenditures** | Expected | Actual | Variance |
| Project Activity | Cost Category\* | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind |
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|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

**\*Cost Category Options:** Salaries & Wages/Management & Professional Service Expenditures/Contractors/Travel/Material & Supplies Expenditures/Purchase of Capital Assets/Equipment Rentals/Land Acquisition/Leases, Easements, Covenants, Servitudes/Overhead.

Please explain any significant discrepancies between the expected and actual amounts in your cash flow statement.

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**7) Supporting Material**

If you are attaching any supporting materials to this report, please list them below (e.g., photos, maps, and outreach material).

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**8) Success Stories**

If you would like to share any success stories, please include them below.

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**9)** **Additional Questions and Comments**

We would appreciate your feedback on the following questions, but it is not required.

Did you have other partners involved in the project (e.g., Indigenous partners; Federal, Provincial or Territorial governments; Municipalities/Environmental/Non-Governmental Organizations)? **Yes/No**

If yes, please provide name(s) and indicate the type of participation (e.g., funding, implementing conservation actions, other)

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Would you apply for additional funding from CIER through the SARA-CCA Project? **YES/NO**

Do you have any additional comments or recommendations you would like to share about the SARA-CCA Project?

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**10) Certification of Accuracy**

**Reviewed by CIER:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prepared and Certified Accurate by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_