**Schedule A**

Please use the form below as an outline when compiling your Final Outcomes Report**.** This report should link the work and activities completed during the project to the milestones expected for the project as outlined in the Project Grant Agreement.

Grant Recipient: Click or tap here to enter text.

Project Number: Click or tap here to enter text.

Submitted by: Click or tap here to enter text.

Progress Report: **Final Outcomes Report**

Reporting Period Date(s): Click or tap here to enter text.

Are all required deliverables for this reporting period attached to this report (check all that apply):

Financial summary (Schedule B)

Supporting invoices and/or in-house documentation of expenses

Maps and shapefiles of treatment area (required for all Vegetation Management projects)

Other (specify): Click or tap here to enter text.

**Summary of Activities for the Final Reporting Period**

*Provide a summary of all activities that were completed for the final reporting period.*

Click or tap here to enter text.

**Estimate of Eligible Expenses to Date**

*Provide an estimate of all eligible expenses to date. Please provide a breakdown of expenses in Table 1.*

Click or tap here to enter text.

**Expense Claim Request**

*Indicate the total project expenses in comparison to the total granted amount. Outline if an expense claim is requested for the final reporting period and in what amount.*

Click or tap here to enter text.

**Schedule B**

Please use the Table below to outline the project expenses for the Final Outcomes Report**.** This financial summary should describe the costs incurred during the final period and describe cumulative expenses previously reported, if applicable. The total expenses for this final reporting period should link to your expense claim request in Schedule A. **Please note that all reported expenses must have supporting invoices or documentation submitted with the Final Outcomes Report.**

**Table 1. Description of Project Expenses in the Final Reporting Period.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplier** | **Description** | **Amount of Eligible Expense** | **Amount of Ineligible Expense** | **Expense Paid?**  **(y or n)** |
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| **Sub-total** | Total expenses this reporting period |  |  |  |
| **Sub-total** | Cumulative expenses previously reported |  |  |  |
| **Total** | Total Project Expenses to Date |  |  |  |

**I verify that this is a true summary of project status to date (subject to estimates where applicable but identified as such) and acknowledge** **FRIAA may require the Recipient to provide it with further information at its written request**.

Name: Signature: Date: