

# Indigenous Community Energy Plan (ICEP) Program 2.2

## Request for Funding Report - Final

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

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



**2. Please provide a summary of the final results from the Project.** (A separate, more detailed account of the results can be submitted, indicating “see attached” in the box below 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:

**4. How has the capacity and/or skills of the community or organization 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

Other

Based on your selection(s), please describe in more detail below and identify any areas that require further development:

**5. 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 ICEP Program? *A Full-Time Equivalent (FTE) role is considered to be a position with 35 or more paid hours of work a week.*

**6. Are there any other success measures that resulted from this Project?**

Please select:    Yes    No

If yes, please select all that apply:

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:

**7. Do you believe that participation in the ICEP Program has enabled or will enable 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 estimate of the reduction of other fuel sources, such as diesel, for electricity generation.

**8. Do you believe that participation in the ICEP Program has generated or will generate health, quality of life or social benefits for your community or organization?**

Please select:    Yes    No

If yes, please select all that apply:

- Reduced air and water pollution
- Improved access to safe, healthier and affordable housing
- Improved access to energy education
- Reduced energy costs
- Other

Based on your selection(s), please describe in more detail below:

**9. Do you believe that participation in the ICEP Program has generated or will generate health, quality of life or social benefits for your community or organization?**

Please select:    Yes    No

If yes, please select all that apply:

- Reduced air and water pollution
- Improved access to safe, healthier and affordable housing
- Improved access to energy education
- Reduced energy costs
- Other

Based on your selection(s), please describe in more detail below:

**10. Do you believe that participation in the ICEP Program has enhanced or will enhance your community or organization's energy security?**

*Energy security is defined as the uninterrupted availability of energy at an affordable price.*

Please select:

- Yes
- No

Based on your selection(s), please describe in more detail below:

**11. Does the community feel like it is prepared to implement its energy vision and goals following participation in the ICEP Program?**

Please select:

Yes

No

If yes, please describe. If no, what does the community need to be prepared?

**The Recipient, or Lead Recipient, as applicable, confirms that each of the following are attached hereto, as applicable:**

Submissions/materials requested by IESO for related activities completed, listed in Schedule C of the Funding Agreement, as required under the applicable Milestone.

Yes      N/A

Please list Milestone Deliverables included with this Report as described in 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;
3. 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.

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**Name of Recipient, or Lead Recipient, as applicable**

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**Signatory Signature**

*I have the authority to bind the Recipient / Joint Recipients.*

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**Printed Name of Signatory, Title**

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**Date executed**