## Indigenous Community Energy Plan (ICEP) Program 2.3

## Request for Funding Report - Final

SUBMIT VIA EMAIL (PDF WITH SIGNATURE) TO THE IESO'S INDIGENOUS RELATIONS - ENERGY SUPPORT PROGRAMS AT 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:**

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)

2. Please provide a summary of the final results from the Project. (A separa detailed account of the results can be submitted, indicating "see attached" in the 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:

your comm	e that participation in the ICEP Program has enabled or will enablet or or organization to spend less money on electricity, wood, bline, diesel, or other fuels than it would have otherwise?
Please select:	
Yes	
No	
Not Appl	able
estimate of how	ection(s), please describe in more detail below. If yes, please provide an auch money will be saved on an annual basis. Please also provide an duction of other fuel sources, such as diesel, for electricity generation.
•	e that participation in the ICEP Program has generated or will th, quality of life or social benefits for your community or
generate he	th, quality of life or social benefits for your community or
generate he organization	th, quality of life or social benefits for your community or  Yes No
generate he organization  Please select:  If yes, please se	th, quality of life or social benefits for your community or  Yes No
generate he organization  Please select:  If yes, please se	th, quality of life or social benefits for your community or  Yes No  ct all that apply:
generate he organization  Please select:  If yes, please se Reduced  Improve	th, quality of life or social benefits for your community or  Yes No  ct all that apply:  ir and water pollution
generate he organization  Please select:  If yes, please se Reduced  Improved  Improved	Yes No ct all that apply: ir and water pollution access to safe, healthier and affordable housing
generate he organization  Please select:  If yes, please se Reduced  Improved  Improved	Yes No  It all that apply:  If and water pollution access to safe, healthier and affordable housing access to energy education
generate he organization  Please select:  If yes, please se Reduced  Improved  Improved  Reduced  Other	Yes No  It all that apply:  If and water pollution access to safe, healthier and affordable housing access to energy education

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
No 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

11. Does the community feel like it is prepared to implement its ene goals following participation in the ICEP Program?	ergy vision	and
Please select:		
Yes		
No		
If yes, please describe. If no, what does the community need to be prepare	ed?	
The Recipient, or Lead Recipient, as applicable, confirms that each	of the foll	owing
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
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## 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 applicable		
Signatory Signature  I have the authority to bind the Recipient /		
Printed Name of Signatory, Title	_	
Date executed	_	