**HOUSING PROJECT REPORT** **WORKSHEET**

This worksheet is an **optional** tool for preparing and/or collaborating with others to prepare a Report. This worksheet will not be accepted as a Report for the Program. The online form must be completed and can be found at [Report – Housing Initiatives (ourtrust.org)](https://forms.ourtrust.org/final-report-housing-initiatives/).

All the questions asked on the online form are outlined below. Keep all entries precise and clear. It is important to note that space in some sections is limited and the maximum word allotment is identified in the sections.

# OVERVIEW

Congratulations on completing your Project. Submitting this report is an important step; the information you provide allows the Trust to review your contractual responsibilities and understand what resulted from your Project.

## SUBMISSION INFORMATION

Complete the information below. If the Trust has further questions about this report, Trust staff will contact the person listed.

PROJECT TITLE:

PROJECT NUMBER:

REPORT CONTACT

Name:

Organization:

Phone Number:

Email Address:

## SECTION 1 – PROJECT OUTCOMES

The following section must be completed to allow the Trust to review your contractual responsibilities. Reference your Contribution Agreement with the Trust (Schedule A) and your Application, as submitted to the Trust.

*Any changes to the Duties and Deliverables need to have been agreed to in writing.*

Did you complete your Project? Summarize the activities that were carried out and note anything that changed or evolved as compared to your Contribution Agreement and Application.

How did you use Trust funds? List the aspects of your Project that Trust funds were directed toward and note anything that changed or evolved as compared to your Contribution Agreement.

Please provide the building name and address if applicable

Date building was completed if applicable

Please upload one to three photos of the completed project or email them to housing@ourtrust.org

**Project Budget**

Complete the following table for your Project. List your major categories of Project expenses, your funding sources, and any in-kind contributions.

Note: The Recipient is required to keep accurate financial records and supporting receipts for this Project, as they may be requested in the future for financial audit purposes.

|  |  |
| --- | --- |
| *Project Expenses (cash only)* | *Amount* |
| *Examples: Construction Cost, Development Costs, Consultant Costs, etc (please itemize each cost)* |  |
|  |  |
|  |  |
| Total Project Expenses | $ 0 |

*Note: Enter the total grant amount approved by the Trust in Section 3.1 of the Contribution Agreement into the Funding Sources table. This amount will equal all payments received to date and future scheduled payments.*

|  |  |
| --- | --- |
| *Funding Sources (cash only)* | *Amount* |
| Columbia Basin Trust |  |
| Recipient |  |
| Utility Incentives, other grants or rebates if applicable |  |
| Other funding (please list all other funding) |  |
| Total Funding Sources | $ 0 |

If your “Total Project Expenses” and the “Total Funding Sources” do not equal the same amount, please review your numbers. If correct, please explain the reason that they are not equal.

|  |  |
| --- | --- |
| *In-Kind Contributions* | *Value* |
| *In kind contributions include any donations of materials or labour that the project received. Do not include estimates of costs or expenses for donated contributions in the project expense table above.*  |  |
|  |  |
|  |  |
| Total In-Kind Contributions | $ 0 |

## SECTION 2 – PROGRAM IMPACTS

*The Trust collects the following information to better understand* *results from our funding.*

What are your Project’s key outcomes so far? (Maximum 250 words)

Were new units of affordable housing created, or were existing units improved? If so, please confirm how many.

Reasonably estimate the number of jobs that your Project supported. Use the closest definition(s) of those provided below.

|  |  |  |
| --- | --- | --- |
|   | Existing jobs (# existing prior to the Project) | New jobs (# created as a result of the Project) |
| Full-time |   |   |
| Part-time |   |   |
| Seasonal |   |   |
| Contract |   |   |

Full-time: work 30 or more hours per week on an ongoing basis

Part-time: work less than 30 hours per week on an ongoing basis

Seasonal: work 30 or more hours per week for a portion of the year

Contract: hired to complete specific work for the Project only

## For Solar Array Projects Only

Did your Project include the purchase and installation of a Solar Array?

* Yes
* No

If yes, complete the following table to indicate how much energy your building used in the year **prior to your solar array installation**.

Building name and address:

Enter each bill on a separate line until you have entered the full 12-month period.

|  |  |  |  |
| --- | --- | --- | --- |
| Bill | Billing Cycle Start Date | Energy Used (kWh) | Annual Amount Paid |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
|  | *TOTALS* |  |  |

# Do you have another building to report on?

# Yes

# No

If yes, please populate a new Building name and Address and new Table.

**Reminder**: Next year, you will receive an email reminder, as indicated in your Contribution Agreement (Schedule A), asking you to complete a short report sharing your annual net metering data.

## For Wage Subsidy Projects Only

Did the employee(s) hired through this Project complete their work experience position(s) as planned? Summarize the activities that were carried out and note anything that changed or evolved as compared to your Contribution Agreement? (Maximum 250 words)

Training / learning activities completed to date. Use point form. (Maximum 250 words)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title  | Duration of Employment | Total Hours | Hourly Wage | Average Hours per Week | Wage Subsidy Subtotal |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Other Associated Costs (e.g. PPE)

Total Training Costs (Up to $100/position per week worked)

## SECTION 3 – FEEDBACK

The following section is voluntary, giving your organization an opportunity to provide the Trust with additional insights that may help improve our support. Please also feel free to contact Trust staff to share your thoughts directly.

Do you have any feedback to share that could be relevant to another organization looking to complete a similar project?

Do you have any feedback on working with the Trust and/or our funding process?

Thank you for completing this report. The Trust is pleased to be able to support efforts like yours that contribute to a legacy of social, economic, and environmental well-being in the Columbia Basin.

## DECLARATION

1. I am authorized to submit this report on behalf of the organization that received Trust support.
2. The information I have provided in this report is true, accurate and complete in every way.
3. Columbia Basin Trust may reveal details about this report—including my name, the organization’s name and location, and the amount and type of funding—to the public, individuals or anyone else, as allowed by the *Freedom of Information and Protection of Privacy Act (FOIPPA)*.
4. Personal information requested that may be in this application is collected under authority of section 26(c) of the Act and will be used for administrative and evaluative purposes related to the program. Any privacy questions may be directed to: FOIPPA Inquiries, Senior Manager, Information Services, Columbia Basin Trust, 1.800.505.8998, privacy@outrust.org.

I have read and agree to the declaration above. \*

I Agree

Date

Applicant Name

Applicant Title