



First Peoples' Heritage, Language & Culture Council

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http://www.fphlcc.ca/tk_forms.aspx

BC Language Initiative: Final Report Form

For Office Use Only

Date Received:

Fiscal Year:

Section 1: Language Project Information

File Number

Project Title

Language Family

Language Dialect

Section 2: Contact Information

(Provide information for Primary and Secondary Contact Person)

First Nation/Organization Name

Primary & Secondary Contact Person

- 1.
- 2.

Title

- 1.
- 2.

Mailing Address, City/Town and Postal Code

Courier Address, City/Town and Postal Code

Telephone (Primary and Secondary)

- 1.
- 2.

Fax (Primary and Secondary)

- 1.
- 2.

Email

- 1.
- 2.

Website

Section 3: Indicate the names of the people involved in the project

Section 4: Indicate the number for each target age group, in the boxes below, and indicate the organizations who benefited from the project.

Children (0–12)

Youth (13–30)

Adults (31–54)

Elders (55+)

Community Members

Section 5: Describe the process and activities used to implement your project

Name of First Nation/Organization
FPHLCC File Number
Date of Reporting Period
Department

Language Program Revenue
BC Language Initiative Grant Amount:

Language Program Expenses		
Program Activity per MOU Agreement	MOU Amount	Actual Project Expenditures
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expenses	\$	\$
Balance Remaining	\$	\$

Note: It is mandatory that your language program activities and expenses reflect those activities and expenses approved in the Memorandum of Understanding agreement.

Did you provide an official general ledger and financial statement as stated in the FPHLCC Memorandum of Understanding agreement? (Note: This is mandatory)

YES _____ NO _____

Signing Authority	
I certify that this report is accurate and reflects actual projects delivered and products developed with the funds from the First Peoples' Heritage, Language & Culture Council's Language Programs Department.	
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE: _____