# Invasive Mussels Lake Monitoring FundGrant Report

***Note:*** *This is a worksheet ONLY. We encourage proponents to write their grant reports in this template, then place this information in the online form within Survey Apply, where the original grant report was written. Please do not email this written report to HCTF. This report must be submitted along with: Appendix 1 – Sampling Sites by Waterbody, Appendix 2 - COLLATED Chain of Custody Form, Appendix 3 Substrate Monitoring Tracking Form, if applicable, and any other ancillary data collected. Please do not leave any areas blank, if you have nothing to report in any sections, write* ***“nothing to report.****”*

1. **General Information**

|  |  |
| --- | --- |
| Project Number: |  |
| Project Name: |  |
| Project Leader Name: |  |
| Report Author: |  |
| Contact Information for Report Author: |  |
| Date of Report: |  |

1. **Project Results**
2. Provide a summary of your 2025 lake monitoring activities. 500 words max.

*This should include when sampling started and ended, list of waterbodies sampled, number of samples collected by waterbody and how often, any variations from the approved proposal and other general information*. *Please provide details on any changes made to your approved sampling sites (location, frequency/ number of samples collected) and please indicate if the changes were approved by the Province and/or HCTF.*

1. Describe any challenges or opportunities that were encountered over the course of the field season. State whether these challenges or opportunities resulted in changes to the approved work plan.

*Examples may include inability to access certain lakes due to wildfire, equipment arriving late, or partner funding allowing for a greater number of samples, etc.*

1. **Communications Activities**

Please fill out the table below regarding any communications activities or media attention associated with the project and describe any additional information in the box below, including references to how funding from HCTF, the Province of BC and DFO (if applicable) was recognized.

*Do not include information on general AIS outreach, only specific communications activities relating to lake monitoring*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Communication**(e.g. media/public event, newspaper, newsletter, magazine article, blog) | **Communication Details** (e.g. title, distribution size, number of participants) | **Date of Communication** | **Web Link** (if not posted to the Web, submit a copy with report)  | **Approved by Province/HCTF?**  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Photographic Record**

*We often include engaging photos of HCTF projects on our website. While we appreciate photos embedded in your report, we need jpeg photo files (<5 MB) attached separately.*

Please list 2-3 photos by their jpg file name here:

1. **Financial Report**

**A. Project Expenses**

*Include detail on what was included in each category under “Basic Description”. For labour costs, include day/hourly rates x days/hours on project, and what the rate included. The labour detail could be included under “Basic Description” or in the “Project Expenses Notes” box below.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Basic Description** | **HCTF**  | **Other Sources**  | **InKind**  | **TOTAL** |
| Labour (Wages and Salaries) |  |  |  |  |  |
| Contract Labour |  |  |  |  |  |
| Equipment & Supplies |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Administration |  |  |  |  |  |
| Other |  |  |  |  |  |
| **TOTAL EXPENSES** |  |  |  |  |  |

Capital Expenditures (individual items purchased over $1000):

*Please list any capital purchases included in Equipment and Supplies in the table above.*

If your administration expenses reported above included an administration fee, please enter how it was calculated here:

Project Expenses notes:

*Explain any significant variances or differences from your approved budget.*

Number of staff hired and duration specific to the lake monitoring activities. Provide either staff days or portion/percentage of FTE.

*e.g. 2 staff at 4.5 days each, totalling 9 days* ***OR*** *.3 of an FTE from June to August OR 50% of an FTE for 4 months*

Number of staff trained specific to lake monitoring:

*e.g. 4 staff trained*

**B. Project Contributions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization** | In-kind type (Goods or Services) | In kind amount ($) | Cash received | **TOTAL** |
|  Funder 1 |  |  |  |  |
|  Funder 2 |  |  |  |  |
|  Funder 3 |  |  |  |  |
| **HCTF Funding** |  |  |  |  |
| TOTALS |  |  |  |  |

**Additional Comments on Partner Funding:**

*Explain any significant variances or differences from the partner funding identified in your proposal. Define how you have monetized the in-kind amount.*

**Other Nonfunding Partners:**

*Please list other non-funding partners and briefly describe the partner activities eg. Indigenous nations, volunteer organizations, industry partners.*

1. **Feedback**

Please provide any feedback to HCTF and the Province for ways to improve the program including the application or reporting process.

1. **Submit your Grant Report**
* *Save this report using the Project # and grant year in the filename. Example:* ***1-123 Grant Report 2025.***
* *Please also include completed Appendix 1 – Sampling Sites by Waterbody (xls file), Appendix 2 - COLLATED Chain of Custody Form (xls file), Appendix 3 Substrate Monitoring Tracking Form, if applicable (xls).*
* ***Final payment is contingent on HCTF receiving, reviewing, and accepting the final invoice and this Grant Report****.*

***By submitting this grant report, you certify that the project has been satisfactorily completed and this report is an accurate reflection of project activities and expenditures per the HCTF Grant Agreement.***