



Atlantic Canada
Opportunities
Agency

Agence de
promotion économique
du Canada atlantique

Canada

Atlantic Innovation Fund - Progress Report Form

RECIPIENT NAME			
PROJECT NUMBER			
REPORTING PERIOD	FROM:		TO:
TYPE OF REPORT	QUARTERLY		ANNUAL
NOTE: If you checked Annual Report, you must also complete the following: INFORMATION FOR ANNUAL REPORT (ANNEX I) ESTIMATED COST BREAKDOWN UPDATE			
1. PROJECT ACTIVITIES AND SCHEDULE			
<i>This section should include only the project activities undertaken since the last report.</i>			
	YES	NO	N/A
Have you experienced any delays in the Project Schedule as per the Statement of Work? <i>Comment on any delays below.</i>			
Have there been any new findings or results from this quarter's activities that would suggest opportunities, challenges or changes to the timeline, focus or direction of the research? <i>If yes, explain below.</i>			
Have there been any changes to the research team (either key Project personnel or Key Project Collaborators)? <i>If yes, explain below.</i>			
Have there been any changes in the industry that may suggest changes to, or elimination of, certain project activities? <i>If yes, explain below.</i>			
Have there been any changes to input from, or overall participation by, the project's funding partners, industry partners, or key collaborators that may impact the project's activities, partnerships, or commercialization goals? <i>If yes, explain below.</i>			
COMMENTS:			



REPORT ANY UNFORESEEN CHALLENGES WITH THE PROJECT ACTIVITIES, ALONG WITH THE MITIGATION MEASURES UNDERTAKEN OR PROPOSED.

***NOTE:** If the reporting requires a significant amount of scientific/technical details, this information should be included as an attachment.*

2. MILESTONES

This section should report on the milestones that were achieved (or that were anticipated) during the reporting period, as outlined in Schedule 2 – Statement of Work. A reminder that any significant delays in the project milestones require amending the Contribution Agreement.

LIST PROJECT MILESTONE(S) ACHIEVED (AND/OR IN PROGRESS) DURING THE REPORTING PERIOD.

PROJECT MILESTONE	INDICATOR OF ACHIEVEMENT/DELIVERABLE	TARGET COMPLETION DATE	% OF COMPLETION	COMPLETION DATE (ACTUAL OR ANTICIPATED)



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COMMENTS ON MILESTONES:



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3. MATERIAL CHANGES

HAS ANY MATERIAL CHANGE OCCURRED TO THE PROJECT? PLEASE ANSWER EACH STATEMENT:

	YES	NO
Will expenses exceed estimated Eligible Costs and/or the total Project costs mentioned in the Statement of Work by 20% or more?		
Is the project being carried out at locations other than those mentioned in the Statement of Work?		
Was there a change in key Project personnel, key Project Collaborators, project financing or recipient ownership?		
Has a change in respect of any other aspect of the Project, which has been identified as a "material change" in the Agreement occurred?		

IF YOU HAVE CHECKED YES TO ANY OF THE ABOVE STATEMENTS, PROVIDE AN EXPLANATION:

4. PROJECT COSTS

PLEASE PROVIDE AN ESTIMATE OF THE EXPENSES TO BE INCURRED AND AMOUNTS TO BE CLAIMED BY THE END OF MARCH 31ST (WHICH REPRESENTS THE AGENCY'S FISCAL YEAR):

Estimated expenses to be incurred:	\$
Estimated amount to be claimed from ACOA	\$

IF THIS IS THE ANNUAL REPORT, PLEASE PROVIDE AN UPDATED ESTIMATED COST BREAKDOWN USING THE FOLLOWING FORM: ESTIMATED COST BREAKDOWN UPDATE

FOR QUARTERLY PROGRESS REPORTS, AN UPDATE OF THE ESTIMATED COST BREAKDOWN UPDATE IS ONLY REQUIRED IF ANY SIGNIFICANT CHANGES ARE ANTICIPATED.

PER:

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY	DATE
PRINT NAME	TITLE

REMINDER: IF THIS IS THE ANNUAL REPORT, YOU MUST ALSO COMPLETE THE FOLLOWING: INFORMATION FOR ANNUAL REPORT (ANNEX I)