



Activity Report

Recipient Name	Project Number	Project Title
Month Covered: _____		
Fiscal Year: Quarter (Select the appropriate quarter): <input type="checkbox"/> Q1 – April 1 st to June 30 th <input type="checkbox"/> Q2 – July 1 st to September 30 th <input type="checkbox"/> Q3 – October 1st to December 31st <input type="checkbox"/> Q4 – January 1 st to March 31 st		

1. Describe the progress of Program Activities achieved for this period.
2. Describe the progress of core program services provided by the ASETS Agreement Holder and Sub-Agreement Holder / Third Parties.
3. Describe the progress of partnerships that have been developed or maintained this period.
4. Indicate if there were any changes during this period to child care services provided through First Nations and Inuit Child Care Initiative (FNICCI).
5. Indicate if there were any changes or issues during this period to the overall activities related to the management and administration of the agreement.
6. Indicate if there were any capital purchases with a single or composite cost of more than \$5,000 that occurred this period.
7. Have you uploaded your results to ARMS? <input type="checkbox"/> Yes or <input type="checkbox"/> No

The information you provide is collected under the auspices of Employment and Social Development Canada for the purpose of administering programs. The information collected will be subject to the Access to Information Act.

The undersigned hereby certifies that the above information is in accordance with the Terms and Conditions of the funding agreement.

Authorized Claimant Name: _____

Signature: _____

Date (yyyy-mm-dd): _____

