

BC AIR ACCESS PROGRAM FINAL REPORT

The purpose of this form is to notify the Ministry of Transportation and Transit of the completion of the approved project. Please complete for **each** of your projects and email to BCAAP@gov.bc.ca

SECTION 1. PROJECT INFORMATION	
Proponent:	Conditional Grant Agreement No.:
Project Title:	
SECTION 2. PROJECT COMPLETION	
Completion Date:	
Opening Ceremony Date (if applicable):	
	remony is scheduled, please notify us one month in advance ogov.bc.ca as per the Conditional Grant Agreement 6.01(i).
SECTION 3. PROJECT COSTS	
BCAAP Grant Amount Approved: _	
BCAAP Grant Amount Spent:	
Project Completion Photos: Attached S	Sent via Email
SECTION 4. SOURCE OF FUNDING FOR THE AP	PLICANT
Did you receive any other federal and/or provincial a	and/or Third Party funding for this project? Yes No
If yes, please provide information on the name of the program(s) and the amount received.	
SECTION 5. AUTHORIZATION	
Agreement has been completed in full compliance with al accordance with BCAAP Program guidelines, and the cost	s that the project, as described in Schedule "A" of the Conditional Grant II the terms and conditions of the Agreement. All costs are eligible costs in sts: (1) have been incurred, (2) are attributable to this project, and (3) are voices and records are available for audit if requested within six years of smitted for this project.
Name of Authorized Financial Officer:	Title:
Signature:	Email: Date: