



Small Business Internship Program

**SME - ACTIVITY REPORT FORM
2010-2011**

Part 1: Employer Information

Business Name:	Period covered: Start Date: End Date:
Name & Title of Authorized Officer of the Business:	Date Received (Official Use Only):
Business Address:	
E-mail address:	Business web address:
Business Phone Number:	Business Fax Number:

Part 2: Agreement Activity Report

Please provide a summary of the activities that have taken place since the commencement of your project or since your last report. The report should reference activities as per Section 8.0 (b) of your e-Business Project Agreement, including progress made in the objectives of the project and any changes in direction, staffing, or issues that might necessitate amendments.

Please continue on the reverse side of this form, if space is required.

I (we) certify that the information is true and correct to the best of my/our knowledge and claimed in accordance with the e-Business Project Agreement.

_____ (insert authorized signature)

_____	_____
Authorized Signature	Date
_____	_____
Print name	Telephone No.
_____	_____
Print position (title)	e-mail address

Return by mail with original signatures to:

Community Futures British Columbia
409 Granville Street, Suite 1056
Vancouver, BC V6C 1T2