**Community Emergency Preparedness Fund**

**Volunteer & Composite Fire Departments
 Equipment & Training**

**2019 Final Report Form**

Please type directly in this form or print and complete. Additional space or pages may be used as required. For detailed instructions regarding final report requirements, please refer to the 2019 *Volunteer & Composite Fire Departments Equipment & Training Program and Application Guide*.

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| **SECTION 1: Applicant Information** | **AP** *(for administrative use only)* |
| Name of Primary Applicant:       | Final Report Submission Date:       |
| Contact Person\*:       | Position:       |
| Phone:       | E-mail:       |

 *\* Contact person must be an authorized representative of the applicant.*

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| **SECTION 2: For Regional Projects Only** |
| 1. **Identification of Partnering Applicants.** For regional projects, please list all of the partnering applicants included in this project:

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| **SECTION 3: Project Summary** |
| 1. **Name of the Project:**

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| 1. **Project Information.**
	1. Project start and end dates: Start:       End:
	2. Total final project expenditure: $       \* Total CEPF grant expenditure: $      \*
	3. Did you receive other funding for this project from other source? If yes, please indicate the source and the amount of funding received from other sources:

      *\*Please ensure the total project cost and total grant request match the information provided in the required financial summary.* |

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| **SECTION 4: Detailed Project Information** |
| 1. **Volunteer or Composite Fire Department**. Please list the name, location and composition of each fire department that was included in this project.

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| 1. **Operating Budget.** Describe the extent to which this funding has enabled the fire department(s) to purchase equipment or attend training that otherwise may not have been attainable with the operating budget identified in the original application.

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| 1. **Project Activities.**
2. If applicable, list the equipment that was purchased.

     1. If applicable, identify how many people attended training sessions and what courses were run.

     1. How did activities completed assist your fire department(s) in meeting the needs of the community and Playbook standards.

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| 1. **Resiliency.** Describe how the project helped build the resiliency of the volunteer or composite fire departments in your community.

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| 1. **Mental Wellbeing.** Describe the extent to which training specifically addressed the mental wellbeing of fire department staff and volunteers.

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| 1. **Transferability**. Describe the extent to which the project has or will offer transferable resources and supplies to other communities (e.g. trained staff and/or equipment that will be made available to other communities, training resources other communities will be invited to utilize, etc.).

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| 1. **Partnerships.** Identify the other organizations or stakeholders you collaborated with on the project, and describe how you worked together.

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| 1. **Evaluation.** How was the project evaluated? Were performance measures and/or benchmarks used to measure outcomes (e.g. tracking number of training events and exercises, external evaluators, etc.)?

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| 1. **Additional Information.** Please share any other information you would like to provide**.**

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| **SECTION 5: Required Final Report Materials** |
| Only complete final reports will be reviewed and outstanding final reporting may impact ability to apply for future UBCM grants. The following separate attachments are required to be submitted as part of the final report: [ ]  Financial summary[ ]  Copies of any training or capacity building materials that were produced with grant funding[ ]  Optional: photos and /or media directly related to the funded project |

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| **SECTION 6: Certification of Costs** (to be signed by Chief Financial Officer or Designate) |
| I certify that the costs identified in the attached financial summary: (1) have been incurred and paid; (2) are attributable to the project; (3) are eligible; and (4) are net of tax and any other rebates.In addition, for final claims, I certify that: (1) the project is complete; (2) all revenues generated from the project have been declared; and (3) all eligible portions of all other grant contributions for the projects have been declared. |
| Name:        | Title:       |
| Signature:      *An electronic or original signature is required.* | Date:       |

All final reports should be submitted to:

Local Government Program Services, Union of BC Municipalities

E-mail: [cepf@ubcm.ca](file:///Volumes/VicDocs/V130-LOCAL%20GOVERNMENT%20PROGRAM%20SERVICES/60%20-%20Programs/Community%20Emergency%20Preparedness%20Fund/Forms%20%26%20Materials%20for%20Applicants/Fire%20Department%20Equip%20%26%20Training/2019/cepf%40ubcm.ca)

Mail: 525 Government Street, Victoria, BC, V8V 0A8