**Age-friendly Communities**

**2020 Final Report Form for Stream 1**

**Age-friendly Assessments, Action Plans, & Planning**

Please complete and return this form **within 30 days of project completion**. All questions are required to be answered by typing directly into this form. If you have any questions, contact lgps@ubcm.ca or (250) 952-9177.

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| **SECTION 1: Applicant Information** | **AP-** *(for administrative use only)* |
| Name of Local Government or First Nation:       | Date of Report:       |
| Contact Person:       | Position:       |
| Phone:       | E-mail:       |

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| **SECTION 2: Project Information** |
| * + - 1. **Project Information.**
			2. Project Title:
			3. Project start and end dates. Start:       End:
			4. Total project cost:
			5. Did you receive funding for this plan/assessment from any other sources?
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| * + - 1. **Focus Area(s).** Please indicate which age-friendly components were the primary focus of the completed planning activities:
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| **[ ]** Outdoor spaces and buildings[ ]  Transportation (including traffic safety)[ ]  Housing[ ]  Respect, social inclusion, or cultural safety | [ ]  Social well-being and participation[ ]  Communications and information[ ]  Community engagement and employment[ ]  Community support and health and wellness services[ ]  Plan/assessment dealing with all features |
| * + - 1. **Brief Summary of Activities.** Please provide a summary of the activities that were undertaken including main accomplishments, promising practices, and lessons learned.

     *Please note responses in this section may be shared publicly as part of a summary of funded projects.*  |
| * + - 1. **Program Goals & Objectives.** Please outline how the completed planning activities met the goals of Stream 1 of the 2020 Age-friendly Communities grant program? How did, or will, this make your community more age-friendly?

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| * + - 1. **List of Key Project Dates, Outcomes & Deliverables.** Please describe the specific deliverables from the completed planning activities.

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| * + - 1. **Community Partners & Participation by Seniors and Elders.** Please list all project partners, including how each contributed to the completed planning activities.

     Please include how you worked with your regional Health Authority office/First Nations Health Authority and, if applicable, list the support and/or services you received from BC Healthy Communities Society (BCHC).       Please describe any direct participation by seniors/Elders in the completed planning activities.      |
| * + - 1. **Measurements Used to Assess Outcomes.** What tools were used to evaluate the project? How will this information be used?

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| * + - 1. **Impact on Local Government/First Nation**. Please list any policies, practices, plans, or local government/First Nation documents that were developed or amended as a result of the completed planning activities.

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| * + - 1. **Impact on Seniors/Elders.** To what extent did, or will, the completed planning activities directly impact seniors/Elders in the community?

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| * + - 1. **Explanation of How Outcomes will be Sustained.** How will the outcomes of the completed planning activities be sustained by the local government/First Nation? (eg. confirmation of additional funding, commitment by local government/First Nation or other organizations, etc.)

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| * + - 1. **Additional Comments.** Please share any other information relevant to the completed planning activities.

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| * + - 1. **Sharing Tools & Resources.** All final reports will be shared with the Ministry of Health and BC Healthy Communities Society. In order to help other local governments/First Nations learn from your experience, are you willing to:

[ ]  Write a short article about your project for the UBCM newsletter?[ ]  Present your project at UBCM’s Convention or other event?[ ]  Share this final report on the UBCM website or with other local governments/First Nations or organizations interested in age-friendly communities? |

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| **SECTION 3: Required Attachments** |
|  **Required**[ ] Financial summary; [ ]  Copy of completed plan or assessment. | **Optional** [ ]  Photos of the project;[ ]  Media clippings. |
| **CERTIFICATION OF COSTS** To be signed by the local government Chief Financial Officer.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 project have been declared. |
| Name:       | Title:       |
| Signature:       | Date:       |

**Submit the final report form and all attachments by email to:**

**Local Government Program Services (UBCM) at** **lgps@ubcm.ca**