**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](mailto: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? | |
| * + - 1. **Focus Area(s).** Please indicate which age-friendly components were the primary focus of the completed planning activities: | |
| 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? | |
| * + - 1. **List of Key Project Dates, Outcomes & Deliverables.** Please describe the specific deliverables from the completed planning activities. | |
| * + - 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? | |
| * + - 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. | |
| * + - 1. **Impact on Seniors/Elders.** To what extent did, or will, the completed planning activities directly impact seniors/Elders in the community? | |
| * + - 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.) | |
| * + - 1. **Additional Comments.** Please share any other information relevant to the completed planning activities. | |
| * + - 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**](mailto:lgps@ubcm.ca)