**Community Child Care Planning Program**

**2019 Final Report**

Please complete and return this form **within 30 days of the completion of your project**. All questions are required to be answered by typing directly in 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:       | Date of Report:       |
| Report made by:       | Position:       |
| Phone:       | E-mail:       |

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| **SECTION 2: For Collaborative Projects Only** |
| * + - 1. **Identification of Partnering Applicants.** For all collaborative projects, please list all of the partnering applicants included in this Final Report.

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

      **Project start and end dates**: Start:       End:       |
| * + - 1. **Project Cost & Grant Request.**

Total Project Cost:       Total Grant Request:      Did you receive funding for this project from other sources? If yes, please describe:       |
| * + - 1. **Project Description.** Provide a brief description of your completed project in 150 words or less.

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| **SECTION 4: Detailed Project Information** |
| * + - 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 Objectives & Guiding Principles.** How did the completed planning activities meet the objectives and guiding principles of the 2019 Community Child Care Planning program as noted in Section 4 of the *Program and Application Guide*?

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| * + - 1. **List of Key Outcomes, Deliverables, & Impacts on Local Government.** Please describe what your project achieved. In addition to the completed Community Child Care space inventory and the completed Community Child Care Space Creation Action Plan, please list any policies, practices, plans, or local government documents that were developed or amended as a result of your project.

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| * + - 1. **Organizational Capacity.** How did your organization achieve the intended outcomes, deliverables, and impacts on local government identified above? Describe the relevant resources that were at your disposal (staff, financial, informational, experiential, etc.).

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| * + - 1. **Partnerships & Community Support.** List all partners (e.g. child care providers, school districts, community groups, First Nations, Métis Nation BC, organizations working with underserved communities, etc.) that directly participated in the completed planning activities and the specific role they played.

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| * + - 1. **Community Engagement.** Recipients of a Community Child Care Planning Grant must have engaged with child care stakeholders in their community, particularly parents and child care providers(including Indigenous providers). Recipients were also encouraged to engage with their local school district(s), other local governments, local First Nations, Métis Nation BC, and local Indigenous organizations.
1. Which community stakeholders did you engage with in the completed planning activities, and how?

     1. How did this engagement gather information regarding the needs of underserved populations in child care — including children requiring extra support, Indigenous (First Nations, Métis, or Inuit) children and families, low-income families, young parents under the age of 25, children and families from minority cultures and language groups, immigrant and refugee children and families, and Francophone families?

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| * + - 1. **Additional Information.** Please share any other information you think may be relevant to this final report**.**

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| **SECTION 5: Final Reporting Requirements** |
|  **Required**[ ] Financial summary; [ ]  Completed community child care space inventory (using the required Excel template);[ ]  Completed community child care space creation action plan, including the required content outlined in Appendix 2 of the *Program Guide and Application Guide*. | **Optional** [ ]  Photos of the project;[ ]  Media clippings;[ ]  Other reports or documents developed or amended with grant funding. |
| **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:       |

**Please e-mail the completed final report form and required attachments as a Word or PDF document to Local Government Program Services (UBCM) at** **lgps@ubcm.ca****.**

**All attachments should also be e-mailed as Word or PDF files, and digital photos should be**

**e-mailed as JPEG files. Please complete and return this form and attachments**

**within 30 days of project completion.**