**2020 Community Resiliency Investment Program**

**FireSmart Community Funding & Supports**

**Final Report Worksheet 2**

Final Report Worksheet 2 is only required for completed projects that included fuel management activities. All questions are required to be answered by typing directly in the forms.

For detailed instructions regarding final report requirements, please refer to the 2020 FireSmart Community Funding & Supports Program & Application Guide or contact [cri-swpi@ubcm.ca](mailto:cri-swpi@ubcm.ca) or (250) 356-2947.

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| **SECTION 1: Applicant Information** | **CRI-** (*for administrative use only*) |
| Name of Local Government or First Nation: | Name of Project: |

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| **SECTION 2: Detailed Project Information – Fuel Management Prescriptions & Burn Plans** | |
| 1. **Description of Area.** Provide a description of the area(s) that were assessed, including proximity to values and linkage to overall community wildfire risk reduction activities: | |
| 1. **Hectares.** Indicate the number of hectares that were assessed   Local government land:  First Nations Land:  Provincial Crown Land: | |
| 1. **Actual Expenditure** | |
| Activities related to prescription or burn plan development, including any required assessments, wildfire modeling and information sharing with First Nations. Please describe: | $ |
| Site evaluation, including field reconnaissance, threat plots and data collection, and the evaluation of site access. Please describe: | $ |
| Lay out and traversing of proposed areas for treatments. Please describe: | $ |
| Preparation of all final report requirements, including maps, spatial data and metadata. Please describe: | $ |
| Sub-total: | $ |
| Actual Cost per hectare: | $ |

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| **SECTION 4: Detailed Project Information – Fuel Management Treatment** | |
| 1. **Description of Area.** Provide a description of the area(s) that were treated, including proximity to values and linkage to overall community wildfire risk reduction activities: | |
| 1. **Hectares.** Indicate the number of hectares that were treated:   Local government land:  First Nations Land:  Provincial Crown Land: | |
| 1. **Objective.** Describe how the fuel reduction loading targets and measures for expected post-treatment fire behavior outcomes (described in the approved application) were met: | |
| 1. **Post-Treatment Wildfire Threat.** Indicate the current (post-treatment) threat rating. Please note: wildfire threat assessments are required to be submitted: | |
| 1. **Residual Fibre.** Indicate and describe if residual fibre was removed from the treatment areas to a processing facility and any revenue that was generated**:** | |
| 1. **Actual Expenditure** | |
| Pre-treatment activities: activities required to obtain authorizations, danger tree assessments, notification to First Nations and stakeholders, and public engagement costs. Please describe: | $ |
| Treatments: pruning, thinning, tree falling, brushing, grazing, debris management and/or prescribed fire. Please describe: | $ |
| Removal of residual fibre to a processing facility. Please describe and separate this cost from the overall treatment cost: | $ |
| Post-treatment activities: completion of threat assessments (only for local government and First Nation land) and signage. Please describe: | $ |
| Preparation of all final report requirements, including maps, spatial data and metadata. Please describe: | **$** |
| Sub-total: | **$** |
| Actual Cost per hectare: | **$** |

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| **SECTION 5: Actual Expenditure** | |
| 1. **Total Actual Cost for Fuel Management Activities as reported in Worksheet 2:**   *To be reported in Question 3 of the Final Report Form* | **$** |

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| **SECTION 6: Signature & Certification (to be signed by Forest Professional)** | |
| All activities that fall under the practice of forestry must be developed and, where applicable, signed and sealed by a forest professional that is accredited by the Association of BC Forest Professionals and operating within their scope of practice.  *I certify that: (1) the fuel management portion of the project is complete as described in the approved application and, for fuel treatments, per the prescription; and (2) all work has been performed to accepted professional standards.* | |
| Name of RFP: | ABCFP Registration Number: |
| Signature: | Date: |