**Housing Needs Report Program**

**2019 Final Report**

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

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| **SECTION 2: For Regional Projects Only** |
| * + - 1. **Identification of Planning Areas & Other Local Governments.** For all regional projects, please list all of the planning areas included in this Final Report. If any planning areas are outside of the primary applicant’s jurisdiction, please identify the partnering local governments. |

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| **SECTION 3: Project Summary** |
| * + - 1. **Title & Area of the Project**.   Project Title:  Planning areas that are included in the report:  Project start and end dates: Start:       End: |
| * + - 1. **Project Cost.**   Total Project Cost:       Total Grant Request:  Did you receive funding for this project from other sources? If yes, please describe: |

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| **SECTION 4: Detailed Project Information** |
| * + - 1. **Summary of Activities.** Please provide a summary of the activities that were undertaken including main accomplishments, promising practices, and lessons learned. |
| * + - 1. **Data Collection, Compilation & Analysis.** Beyond the datasets that were made available at no cost by the Ministry of Municipal Affairs & Housing, please describe any other data collected (e.g. from community-based surveys or local government records). Please describe how you used this additional information. |
| * + - 1. **Community Consultation & Public Engagement.** Please indicate how you consulted, engaged, or collaborated with the following:   Neighbouring local governments:  First Nations and local Indigenous organizations:  Non-profit service providers, health authorities, and/or post-secondary institutions:  Non-profit or for-profit development sector:  Vulnerable populations:  Other: |
| * + - 1. **Capacity Building**. Please describe any training or capacity building activities you undertook to support your local government’s ability to complete future housing needs reports. |
| * + - 1. **Public Information.** For each participating local government, please provide the date of the meeting at which the completed Housing Needs Report was received by the Council/Board.     For each participating local government, please provide the web address where the Housing Needs Report is available for free public access. |
| * + - 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 Housing Needs Report(s). | **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: |

**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**](mailto: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.**