**Poverty Reduction Planning & Action**

**2020 Final Report Form for Stream 1**

**Poverty Reduction Plans and Assessments**

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:       | Date of Report:       |
| Contact Person:       | Position:       |
| Phone:       | E-mail:       |

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| **SECTION 2: For Regional Projects Only** |
| * + - 1. **Identification of Partnering Communities.** For all regional projects, please list all of the partnering eligible applicants included in this final report.

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| **SECTION 3: Project Information** |
| * + - 1. **Project Information.**
			2. Project Title:
			3. Project start and end dates. Start:       End:
			4. Total project cost:       Total grant requested:
			5. Did you receive funding for this plan/assessment from any other sources?
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| * + - 1. **A. Focus Area(s).** Please indicate which of the six priority action areas (as identified in *TogetherBC*) were the primary focus of the completed planning activities:
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| [ ]  Housing[ ]  Families, children and youth[ ]  Education and training | [ ]  Employment[ ]  Income supports[ ]  Social support |
| **B.** Please identify any other key priorities (as identified in *TogetherBC)* that your completed activities addressed:       |
| * + - 1. **Brief Summary of Activities.** Please provide a summary of the specific 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 Poverty Reduction grant program?

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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. **Impact on Local Government**. Please list any policies, practices, plans, or local government documents that were developed or amended as a result of the completed planning activities and how this did, or will, help reduce poverty at the local level.

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| * + - 1. **Community Partners & Participation by People with Lived Experience.** Please list all project partners, including community-based poverty reduction organizations, people with lived experience of poverty, businesses, local First Nations, and/or Indigenous organizations. Please describe how each contributed to the completed planning activities.

     Please describe how people living in poverty or with a lived experience of poverty participated in the completed planning activities.      |
| * + - 1. **Measurements Used to Assess Outcomes.** What tools or performance measures were used to evaluate the project? How will this information be used?

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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? (eg. confirmation of additional funding, commitment by local government 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. If any activities funded under the 2020 Poverty Reduction Planning & Action program were impacted or delayed by COVID-19 or public health requirements, please describe:

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| **SECTION 4: 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**