**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](mailto:lgps@ubcm.ca) or (250) 952-9177.

|  |  |
| --- | --- |
| **SECTION 1: Applicant Information** | **AP-** *(for administrative use only)* |
| Name of Local Government: | Date of Report: |
| Contact Person: | Position: |
| Phone: | E-mail: |

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| **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? | |
| * + - 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: | |
| 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? | |
| * + - 1. **List of Key Project Dates, Outcomes & Deliverables.** Please describe the specific deliverables from the completed planning activities. | |
| * + - 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. | |
| * + - 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? | |
| * + - 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.) | |
| * + - 1. **Additional Comments.** Please share any other information relevant to the completed planning activities. | |
| * + - 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: | |

|  |  |
| --- | --- |
| **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**](mailto:lgps@ubcm.ca)