**Urban Communities Partnering for Reconciliation**

**2019 Final Report Form**

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) 356-5193.

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| **SECTION 1: Applicant Information** | **AP-** *(for administrative use only)* |
| Name of Local Government or Indigenous Society:       | Complete Mailing Address:       |
| Contact Person\*:       | Position:       |
| Phone:       | E-mail:       |

\* *Contact person must be an authorized representative of the applicant*

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| **SECTION 2: Event or Project Information** |
| * + - 1. **Date(s) of actual event(s) or activities:**

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| * + - 1. **Participants.** What organizations participated and what specific role did they play? Refer to Section 3 of the Program & Application Guide for required participants.

**[ ]**  Indigenous societies:      [ ]  Local governments:      [ ]  First Nation:      [ ]  Other participants:       |
| * + - 1. **A) Activities.** Please provide a description of the completed events or activities, including the specific activities that were undertaken, format, topics, speakers, etc. If more than one event took place, please provide a description of each completed event.

     **B) Attendance.** Please indicate how many people attended the events or activities:      |
| * + - 1. **UCPR Program Objectives.**  Please describe how the objectives of the UCPR pilot program (as identified in Section 1 and 4 of the Program & Application Guide) were met.

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| * + - 1. **Outcomes & Deliverables.** Please describe the specific outcomes and deliverables from your event and activities. How did the project advance reconciliation between local government and urban Indigenous people in your community?

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| * + - 1. **Next Steps.** Please identify any proposed next steps, such as further engagement, proposing new agreements, inclusion of other organizations or community members in future meetings.

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| * + - 1. **Additional Information.** Please share any other information about your project.

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| **SECTION 3: Required Attachments** |
| Please submit the following with your final report:[ ]  Financial summary. Attach a completed financial summary in the same format as the submitted budget.[ ]  Optional: photos of the project, media clippings and/or any reports or documents developed or amended with grant funding. |

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| **SECTION 4: Signature & Certification of Costs.** To be signed by 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 completed final report form and all attachments as an e-mail attachment to
Local Government Program Services (UBCM) at** **lgps@ubcm.ca****.**