**Strengthening Communities’ Services**

**2021 Final Report Form**

Please complete and return the application form and all required attachments **within 30 days of project completion**. All questions are required to be answered by typing directly in this form. If you have any questions, contact lgps@ubcm.ca or (250) 356-0930.

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| **SECTION 1: Applicant Information** | **AP-** *(for administrative use only)* |
| Local Government or Treaty First Nation:       | 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: For Regional Projects Only** |
| * + - 1. **Identification of Partnering Applicants.** For all regional projects, please list all of the partnering eligible applicants included in the project. Refer to Section 4 in the Program & Application Guide for eligibility.

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| **SECTION 3: Project Information** |
| * + - 1. **Project Information**
			2. Project Title:
			3. Project start and end dates. Start:       End:
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| * + - 1. **Project Cost.**
1. Total project expenditure:
2. Total eligible project cost:
3. Total grant request:
4. Did you receive funding for this project from other sources? If yes, please indicate the source(s) and the amount of funding received from other sources:

     *Please ensure that the above information matches the information provided in the required financial summary.* |

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| **SECTION 4: Detailed Project Information** |
| * + - 1. **Completed Activities & Outcomes.** Provide a summary of the activities that were undertaken as part of the funded project and the outcomes/impact of each.
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| * + - 1. **Alignment with intent of the program.** Refer to Sections 4 to 6 of the Program & Application Guide for funding requirements and eligibility and provide the following information as applicable to your project:
1. Describe the extent to which the completed activities improved the health and safety of unsheltered homeless people. Where possible, please provide metrics such as number of people that received support, quantity of services provided (e.g. number of meals, number of referrals), or number of emergency shelter beds that were created:
2. Describe the extent to which the completed activities reduced community concerns about public health and safety in areas where unsheltered homeless people were seeking (or continue to seek) temporary shelter and services. Where possible, please provide metrics such as number of engagement events, number of people engaged via public outreach, or the impact on bylaw calls:
3. Describe the extent to which the completed activities improved coordination with health/social service providers, Indigenous organizations and others working on housing, homelessness and service provision. Where possible, please provide metrics such as number of organizations that participated or number of meetings that were held:
4. Describe the extent to which the completed activities increased capacity to work with homeless persons and Indigenous organizations towards culturally safe and trauma-informed responses. Where possible, please provide metrics such as number of people that received training:
5. Describe the extent to which the completed activities resulted in any other community impacts or benefits:
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| * + - 1. **Anti-Stigma Lens.** Describe how the completed activities applied an anti-stigma lens and increased public awareness and understanding of causes and responses to homelessness.

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| * + - 1. **Partnerships & Engagement.** Please indicate what agencies were involved in the completed activities and the specific role that each played.
1. Indigenous leadership, organizations and communities:

     1. Distinct needs-serving organizations, public health, health authorities, non-profit organizations, other local governments, police, bylaw enforcement):

     1. Other:

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| * + - 1. **People with Lived Experience.** Describehow the perspectives of people with lived experience of unsheltered homelessness were included in the completed project and the impact that this had.

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| * + - 1. **Project Wrap-Up.** Please describe how the funded activities were concluded and/or if activities will continue with alternative sources of funding.

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| * + - 1. **Safe Restart Agreement.** Funding provided under the Safe Restart Agreement is focused on safely restarting the economy and promoting economic recovery, while also having health and social supports in place for vulnerable populations (including those experiencing homelessness).

If applicable, please provide the following information: A. Job creation (i.e. number of FTEs created with funding):      B. Other metrics related to economic recovery:       |
| * + - 1. **Additional Information.** Please share any other information regarding your completed project**.**

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| **SECTION 5: Required Attachments** |
| Please submit the following with the completed Final Report Form:[ ]  Detailed financial summary that indicates the total project expenditure, total eligible project expenditures and the actual expenditures from the Strengthening Communities’ Services program funding and other sources (if applicable). The financial summary must align with the actual activities outlined in the final report form.[ ]  Copies of any materials that were produced with grant funding.[ ]  Optional: any photos or media related to the funded project.Submit the completed Final Report Form and all required attachments as an e-mail attachment to lgps@ubcm.ca and note “2021 SCS” in the subject line. Submit your report as either a Word or PDF file(s).  |

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| **SECTION 6: Signature & Certification of Costs.** Please note all report materials will be shared with the Province of BC. |
| To be signed by the local government or Treaty First Nation’s Chief Financial Officer or designate.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:       |