**Community Emergency Preparedness Fund**

**Emergency Support Services**

**2022 Final Report Form**

Please type directly in this form or print and complete. Additional space or pages may be used as required. For detailed instructions regarding final report requirements, please refer to the *2022 Emergency Support Services Program & Application Guide.*

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| **SECTION 1: Applicant Information** | **AP**  *(for administrative use only)* |
| Name of Primary Applicant: | Final Report Submission Date: |
| 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 regional projects, please list all of the partnering applicants included in this project: |

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| **SECTION 3: Project Information** |
| 1. **Name of Project:** |
| 1. **Project Information.** 2. Project start and end dates: Start:       End: 3. Total actual project expenditure: $       \* Total CEPF grant expenditure: $       \* 4. Did you receive other funding for this project from other source? If yes, please indicate the source and the amount of funding received from other sources:     *\* Please ensure the total project expenditure and total grant expenditure above reflect the actual project and grant expenditures (not the original grant request),  and match the expenditures on the required financial statement.* |
| 1. **Summary of Activities.** Provide specific details about all activities undertaken. Please list all training that was offered/attended, and the number of participants that completed training. |
| 1. **Emergency Plan.** Describe how the project specifically supported recommendations or requirements identified in the local Emergency Plan. |
| 1. **Modernization of Local ESS Programs.** Describe how the project supported the modernization of the local ESS program. Was the Evacuee Registration & Assistance (ERA) Tool implemented? |
| 1. **Capacity Building.** Describe how the project has increased emergency response capacity (e.g. having the physical resources and skills to respond to emergencies) in your community. |
| 1. **Host Community Capacity.** Describe how the project has increased your emergency response capacity as a host community. |
| 1. **Transferability.** Describe how the project may provide transferable resources and/or supplies (e.g. ESS volunteers, training resources, cots, blankets, etc.) to other local governments and First Nations. |
| 1. **Partnerships.** 2. In addition to regional partners identified in Section 2 above,list any additional partners (e.g. community groups, industry, etc.) that you collaborated with on the project, and outline the specific roles each played.      1. Describe how a collaborative approach leveraged efficiencies and made the project more cost effective. |
| 1. **Evaluation.** Describe how the project was evaluated. Were performance measures and/or benchmarks used to measure outcomes? Please include any reports that were generated (e.g. number of training events, recruitments, external evaluators, etc.). |
| 1. **Additional Comments.** Please share any additional comments or information you would like to provide. |

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| **SECTION 4: Required Final Report Materials** |
| Only complete final reports will be reviewed and outstanding final reporting may impact ability  to apply for future UBCM grants.  The following separate attachments are required to be submitted as part of the Final Report:  Financial summary detailing all expenditures, GL reports are not accepted. Vendor receipts are welcome.  Copies of any training or capacity building materials that were produced with grant funding.  Optional: photos and media directly related to this project. |

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| **SECTION 5: Certification of Costs** (to be signed by 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  *(CFO or Designate)* |
| Signature:  *An electronic or original signature is required.* | Date: |

All final reports should be submitted to:

Local Government Program Services, Union of BC Municipalities

E-mail: [cepf@ubcm.ca](mailto:cepf@ubcm.ca) Mail: 525 Government Street, Victoria, BC, V8V 0A8