**Community Emergency Preparedness Fund**

**Emergency Operations Centres & Training**

**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 Operations Centres & Training Program and 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.**    1. Project start and end dates: Start:       End:    2. Total final project expenditure: $       \* Total CEPF grant expenditure: $      \*    3. Did you receive other funding for this project from other sources? If yes, please indicate the source and the amount of funding received from other sources:     *\*Please ensure the total final project cost and total final grant request match the information provided in the required financial summary.* |
| 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. *Please refer to Section 6, Eligible & Ineligible Costs & Activities, of the 2022 Emergency Operations Centres Program and Application Guide for more information.* |
| 1. **Emergency Plan.** Describe how the project specifically supported recommendations or requirements in the local Emergency Plan. |
| 1. **Capacity Building.** Describe how the project increased emergency response capacity (e.g. having the physical resources and the skills to respond to emergencies) in your community. |
| 1. **Emergency Support Services.** Describe how the project considered large scale emergency support services scenarios. |
| 1. **Transferability.**  Describe to what extent the project produced transferable resources and supplies, and how they have or will be made available to other local governments and/or First Nations. |
| 1. **Partnerships.**     1. In addition to regional partners identified in Section 2, 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. **Evaluation.** Describe how the project was evaluated and include any reports that were generated. What performance measures and benchmarks were used to measure project outcomes? |
| 1. **Additional Comments.** Please share any additional comments 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 – GL statements are not accepted – it is recommended to amend the original approved buget into a statement of actual expenditures  Copies of any training or capacity building materials that were developed as a result of this grant  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:swpi@ubcm.ca) Mail: 525 Government Street, Victoria, BC, V8V 0A8