**Local Government Program Services**

**Interim Report Form**

This form is required to be submitted for interim reporting, amendment requests, extension requests, and/or progress payment requests. Please refer to the appropriate Program Guide and the Approval Agreement for the requirements of funding for your project.

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| **SECTION 1: Applicant Information** | \_\_\_\_\_\_\_\_\_\_\_\_\_(*for administrative use only)* |
| Name of First Nation or Local Government: | Date of Interim Report Submission: |
| Primary Contact Person\*: | Position: |
| Phone: | E-mail: |
| Secondary Contact Person\*: | Position: |
| Phone: | E-mail: |

\* *Contact person must be an authorized representative of the applicant (i.e. staff member or elected official).*

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| **SECTION 2: Funding Program and Intake Year** |
| 1. Please identify the funding program/stream and intake year that this request is for:   Active Transportation Planning: enter program year  Asset Management Planning: enter program year  Community Emergency Preparedness Fund: enter program year    Community to Community: enter program year  Complete Communities: enter program year  FireSmart Community Funding and Supports: enter program year  Local Government Development Approvals: enter program year  Next Generation 911: enter program year  Poverty Reduction Planning and Action: enter program year  Strengthening Communities’ Services: enter program year  Urban Communities Partnering for Reconciliation: enter program year |

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| **SECTION 3: Interim Report.** *All applicants must complete this section.* |
| 1. **Activities Completed to Date.** Please provide a brief summary of the approved activities that have been completed to date. |
| 1. **Remaining Activities.** Please provide a brief summary and timeline for completion of remaining approved activities. If any outstanding activities will not be completed, please provide a rationale. |

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| **SECTION 4: Amendment Request.** *Only complete this section if you are applying to amend an approved project. A Program Officer will review the amendment request and advise if it is eligible. If the amendment is eligible for consideration, the applicant will be required to submit additional information. This may include:*   * *Amended application package, including updated, signed Application Form, required attachments, and/or an updated Band Council resolution, Treaty First Nation resolution, local government Council or Board resolution.* * *For regional projects only, evidence of support from partnering applicants for proposed amendments.*   *Applicants are responsible for any costs above the approved grant unless an amended application is submitted and approved prior to work being undertaken.* |
| 1. **Amendment Request.** Please provide a brief summary of the requested amendment. |
| 1. **Rationale.** Please provide a rationale for the proposed amendment to approved activities. |

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| **SECTION 5: Extension Request.** *Only complete this section if you are applying for an extension beyond the reporting deadline of an approved project.*  *All approved activities are required to be completed within the time frame identified in the Approval Agreement and all extensions beyond this date must be requested in writing and be approved by UBCM.*  *Extensions will not exceed one year from the date of the original Final Report deadline.* |
| 1. **Extension Request.** Please provide a rationale for the requested extension and a proposed new completion date for the approved project. |

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| **SECTION 6: Progress Payment Request.** *Only complete this section if you are applying for a progress payment for an approved project.* |
| 1. **Funds Expended to Date.** Please provide a brief summary of the funds expended to date. |
| 1. **Rationale.** Please provide a rationale for the need for a progress payment. |

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| **SECTION 7: Signature** | |
| I certify that: (1) to the best of my knowledge, all information is accurate, (2) the area covered by the proposed project is within the applicant’s jurisdiction (or appropriate approvals are in place) and (3) we understand that this project may be subject to a compliance audit under the program. | |
| Name\*: | Title: |
| Signature:  *A certified digital or original signature is required.* | Date: |

*\* Signatory must be an authorized representative of the applicant (i.e. staff member or elected official).*

Submit the completed Interim Report Form to Local Government Program Services, Union of BC Municipalities:

Community Emergency Preparedness Fund – [cepf@ubcm.ca](mailto:cepf@ubcm.ca)

FireSmart Community Funding and Supports – [cri@ubcm.ca](mailto:cri@ubcm.ca)

All other programs – [lgps@ubcm.ca](mailto:lgps@ubcm.ca)