**Poverty Reduction Planning and Action**

**2023 Final Report Form for Stream 2  
Poverty Reduction Action**

Please complete and return this form **within 30 days of project completion**. All questions are required to be answered by typing directly into this form. If you have any questions, contact [lgps@ubcm.ca](mailto:lgps@ubcm.ca) or (604) 270-8226 ext. 220.

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| **SECTION 1: Applicant Information** | **AP -** *(for administrative use only)* |
| Name of Local Government: | Date of Report: |
| Contact Person: | Position: |
| Phone: | E-mail: |

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| **SECTION 2: For Regional Projects Only** |
| * + - 1. **Identification of Partnering Communities.** For all regional projects, please list all of the partnering eligible applicants included in this Final Report. |

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| **SECTION 3: Project Information** | |
| * + - 1. **Project Information**       2. Project Title:       3. Project start and end dates. Start:       End:       4. Total project cost:       Total grant expenditure:       5. Did you receive funding for this project from any other sources? | |
| * + - 1. **A. Focus Area(s).** Please indicate which of the six priority action areas (as identified in [*TogetherBC*](https://www2.gov.bc.ca/assets/download/37C3F286EFED400BBE814DE05B5CBBE6)) were the primary focus of the completed project: | |
| Housing  Families, children and youth  Education and training | Employment  Income supports  Social support |
| **B**. Please identify any other key priorities (as identified in *TogetherBC)* that your completed project addressed: | |
| * + - 1. **Brief Summary of Activities.** Please provide a summary of the specific activities that were undertaken including main accomplishments, promising practices, and lessons learned.     *Please note responses in this section may be shared publicly as part of a summary of funded projects.* | |
| * + - 1. **Program Goals & Objectives.** Please outline how the completed project met the goals of Stream 2 of the 2023 Poverty Reduction grant program? | |
| * + - 1. **List of Key Project Dates, Outcomes, & Deliverables.** Please describe the specific deliverables from the completed project. What did your project achieve? How will the completed project directly impact people living in poverty? | |
| * + - 1. **Impact on Local Government**. Please list any policies, practices, plans, or local government documents that were developed or amended as a result of the completed project and how this did, or will, help reduce poverty at the local level. | |
| * + - 1. **Community Partners & Participation by People with Lived Experience of Poverty.** Please list all project partners, including key sectors of the community including community-based poverty reduction organizations, people with lived experience of poverty, businesses, local First Nations, and/or Indigenous organizations. Please describehow each contributed to the completed project.     Please describe how people living in poverty or with a lived experience of poverty participated in the completed project. | |
| * + - 1. **Measurements Used to Assess Outcomes.** What tools (benchmarks/performance measures) were used to evaluate the project? How will this information be used? | |
| * + - 1. **Explanation on How Outcomes will be Sustained.** How will the outcomes of the completed project be sustained by the local government? (eg. confirmation of additional funding, commitment by local government, or other organizations, etc.) | |
| * + - 1. **Additional Comments.** Please use this space to add any additional comments relevant to your completed project. | |

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| **SECTION 4: Required Attachments** | |
| **Required**  Financial summary. | **Optional**  Photos of the project;  Media clippings. |
| **CERTIFICATION OF COSTS**  To be signed by the local government 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\*:  *\*A digital electronic or original signature is required* | Date: |

**Submit the final report form and all attachments by email to:**

**Local Government Program Services (UBCM) at** [**lgps@ubcm.ca**](mailto:lgps@ubcm.ca)