**Community Emergency Preparedness Fund**

**Emergency Support Services Equipment and Training**

**2024 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 *2024 Emergency Support Services Equipment and Training Program and Application Guide.*

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| **SECTION 1: Applicant Information** | **LGPS-**  *(for administrative use only)* |
| First Nation or Local Government Applicant: | Final Report Submission Date: |
| Contact Person\*: | Position: |
| Phone: | Email: |

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

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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. **Project Name:** |
| 1. **Project Information.** 2. Project start and end dates: Start:       End: 3. Total final project expenditure:       \* Total CEPF grant expenditure:       \* 4. Did you receive other funding for this project from other sources? If yes, please indicate the sources and the amount of funding received from other sources.     *\* The total final project expenditure and total CEPF grant expenditure must match  the actual costs in your financial summary (not the original budget).* |
| 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 (*activities and courses must also be detailed in your financial summary*).    1. Equipment and supplies      * 1. Training and exercises     c. Volunteer recognition and retention |
| 1. **Alignment with funding stream.**  Describe how your activities aligned with the intent of the funding stream (built local capacity to provide emergency support services through ESS volunteer/responder recruitment, retention and training, and the purchase of ESS equipment).     a. If applicable, how did the completed activities support the modernization of the local ESS program? Was the Evacuee Registration & Assistance (ERA) Tool implemented?    b. If applicable, describe how the completed project increased emergency response capacity as a host community. |
| 1. **Engagement with First Nations and/or Indigenous Organizations.**     1. Which specific bands, Treaty First Nations, and/or Indigenous organizations (please include the specific traditional territory, reserve, or other First Nation’s land) were proactively engaged as part of the completion of this project?      * 1. Which specific bands, Treaty First Nations, and/or Indigenous organizations participated in the project activities, and what specific roles did they play? |
| 1. **Engagement with neighbouring jurisdictions and affected parties.** Identify any neighbouring jurisdictions and other impacted or affected parties (e.g., equity-denied populations, pet-care organizations, organizations involved in a web of support network) that participated in the project, and the specific role they played. |
| 1. **Comprehensive, cooperative, regional approach and benefits.** Describe how your project contributed to a comprehensive, cooperative, and regional approach to ESS. What regional benefits resulted from this project? |
| 1. **Additional Comments.** Please provide any additional comments or information you would like to share about this project. |

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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:  Detailed financial summary that indicates the actual expenditures from the Community Emergency Preparedness Fund and other sources (if applicable) and that aligns with the actual activities outlined in the final report form. *GL reports and vendor receipts may be included, but will not be accepted as financial summaries.*  Copies of any training or capacity building materials that were produced with grant funding.  Photos and/or links to 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 refundable 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\*:  *\*A certified digital or original signature is required.* | Date: |

All final reports should be submitted to:

Local Government Program Services, Union of BC Municipalities

Email: [cepf@ubcm.ca](mailto:cepf@ubcm.ca)