**Community Emergency Preparedness Fund**

**Emergency Operations Centres 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 *Emergency Operations Centres and Training 2024 Program and Application Guide*.

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| **SECTION 1: Applicant Information** | **LGPS**  *(for administrative use only)* |
| Local Government or First Nation Applicant: | Final Report Submission Date: |
| 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: 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 Title:** |
| 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:     *\* The total final project expenditure and total CEPF grant expenditure must match  the actual costs in your financial summary (not the original budget).* |

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| 1. **Summary of Activities.** 2. Please summarize the equipment and supplies purchased, and any equipment installation that took place.      1. Please list all training and exercises that took place, and the number of participants*.* |
| 1. **Alignment with intent of funding stream.** How did your project increase the capacity of EOCs? |
| 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 development 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, organizations that participate in the EOC program, etc.) that participated in the project, and the specific role they played. |
| 1. **Comprehensive, cooperative, regional approach and benefits.** Describe how the project contributed to a comprehensive, cooperative and regional approach to EOCs. What regional benefits resulted from this project? |
| 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 detailing all expenditures. *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 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:  *A certified digital 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)