

**2022-2023 First Nations’ Emergency Services Society (FNESS) - Indigenous Services Canada (ISC)**

***On-Reserve Cultural Burning Revitalization and Prescribed Fire***

**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 2022-2023 On-Reserve Program & Application Guide.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 1: APPLICATION INFORMATION** | | | | |
| First Nation: | |  | Date of Final Report Submission | Click or tap to enter a date. |
| Contact Person\*: | |  | Title: |  |
| Phone: | |  | Email: |  |
| **PART 1 (Technical Information)** | | | | |
| **SECTION 2: PROJECT INFORMATION** | | | | |
| 1. | **NAME OF PROJECT:** | | | |
| 2. | **PROJECT DESCRIPTION.**Please provide a description of the geographic area, fuel hazard  and list the objective(s) of the proposed fuel treatment. Summarize broad prescription objectives and targets. | | | |
| 3. | **CREW INVOLVEMENT.**Were Wildfire Management Branch (WMB) crews used for any portion of the project?  Yes      No  If yes, please provide details, including cost savings to community, hectares treated by treatment type, etc.: | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. | **NUMBER OF HECTARES.**Please provide the proposed hectares to be treated. | | | |
| New area: | | Gross area       ha’s. | Net Area: | ha’s. |
| Maintenance Treatment: | | Gross area       ha’s. | Net Area: | ha’s. |

|  |  |
| --- | --- |
| 5. | **WUI WILDFIRE THREAT RATING AND SURFACE FIRE INTENSITY CALCULATION OF PROPOSED TREATMENT AREA.**Please indicate the current WUI wildfire threat rating for the treatment area <https://alpha.gov.bc.ca/gov/content/safety/wildfire-status/prevention/vegetation-and-fuel-management/fire-fuel-management/wui-risk-class-maps> and the targeted wildfire threat rating after the treatment is completed. Please include fuel loading and surface fire intensity for the treatment unit(s).    *NB: Wildfire Threat Plots may be established to verify or challenge an inaccurate WUI wildfire threat rating. The 2020 WUI Wildfire Threat Assessments guide and worksheets must be used and submitted.* |
| 6. | **OTHER ACTIVITIES.**Please describe the extent to which your community conducted wildfire risk mitigation activities under different programs or self-funded initiatives. Area(s) where previous treatments had occurred are to be shown on map attachments as per the Program & Application Guide. |
| **SECTION 3: CERTIFICATION OF WORK COMPLETED** (to be signed by Registered Forest Professional) | |

|  |  |
| --- | --- |
| I certify that: (1) the project is complete per the approved application; and (2) all work has been performed to accepted professional standards. | |
| Name: | Title: |
| Signature: | Date: |

|  |  |
| --- | --- |
| **PART 2 (Administrative & Financial Reporting)** | |
| 1. | **NUMBER OF PEOPLE EMPLOYED TO COMPLETE THE PROJECT.**Please include the total number of people and the number of days worked per person. |
| 2. | **BUSINESS OPPORTUNITIES SUPPORTED OR CREATED FROM THIS PROJECT.**  Provide details: |
| 3. | **JOBS AND TRAINING POSITIONS SUPPORTED OR CREATED AS A RESULT OF THIS**  **PROJECT.**  Provide details: |

|  |  |
| --- | --- |
| Eligible costs and activities are outlined in the 2022-2023 ISC Cultural Burning Revitalization and Prescribed Fire Program & Application Guide.  In Section 3 below, include all proposed eligible activities and related costs and clearly describe the proposed treatments, including information on the estimated days of work, hourly/daily rates and types of equipment and estimated hours of use.  If hand and mechanical treatments are proposed, provide separate descriptions and costs. | |
| **SECTION 4: ACTUAL CULTURAL & PRESCRIBED FIRE ACTIVITIES & COSTS** | |
| Activity Description | **Actual Cost** |
| Fuel Management Prescription preparation or amendment.  Prescriptions must satisfy requirements of the Forest and Range Practices Act, meet current prescription guidelines, and use the current BCWS Fuel Management Prescription template. See Guide for link.  Please describe: | **$** |
| **Eligible Cultural & Prescribed Fire Activities**: | |
| Activities related to prescription development (e.g., approved Canadian wildfire modelling, pre-burn fire effects monitoring or stakeholder engagement).  Please describe: | **$** |
| Activities related to burn plan development including identification of values in containment areas, additional data collection requirements and engaging with burn specialists. Please describe: | **$** |
| Implementation of the burn. Please describe: | **$** |
| Pre- and Post-burn fire effects monitoring.  Please describe: | **$** |
| Required professional assessments (e.g., geotechnical, archaeological, fire ecologist, range agrologist, etc.).  Please describe: | **$** |
| Site evaluation, including field reconnaissance, wildfire threat assessment plots, data collection as outlined in prescription guidance document and the evaluation of site access. Please describe: | |
| Lay out and traversing of proposed areas for treatments. Please describe: | **$** |
| Preparation of all final report requirements, including maps, spatial data, and metadata. Please describe: | **$** |
| Other Activities: |  |
| Burn preparation activities including fire weather index monitoring activities, public notification and preparing black lines. Note: pre-burn costs are eligible costs if no burn window is achieved. Please describe: | |
| Burn day activities including spot forecasts, equipment set up and transport (may include aerial ignition) and traffic control.  Please describe: | **$** |
| Custom Venting Forecast. Please describe: | **$** |
| Post-burn activities- which include post-burn fire effects monitoring, surveys, mop up and final reporting.  A budget estimate based on mop-up requirements within the approved burn plan should be included. Where an increased level of mop-up (e.g., 100%) is required as indicated by the Burn Boss, in consultation with BCWS, include a contingency cost estimate as a separate budget line item in preparation of potentially dynamic mop-up conditions.  Please describe: | **$** |
| Pre- and Post-burn surveys using a methodology(s) acceptable to and approved by FNESS. Contact WMS to discuss your proposed methodologies.  Please describe: | **$** |
| Other proposed activities.  Please describe: | **$** |
| **Total Proposed Costs:** | **$** |
| **Total Grant Requested:** | **$** |
| **Anticipated Cost/ha\*:** | **$** |
| **NB \*:** The derived cost/ha is based on net treatment area(s) and is the maximum cost/ha payable under any subsequent agreement between the Band and ISC/FNESS. Any changes from this amount will be proposed and approved as per the Program and Application Guide.  Please note that you will be required to provide detailed information on contributions from other grant programs and all project revenues. |  |
| Fuel Management Prescription preparation or amendment.  Prescriptions must satisfy requirements of the Forest and Range Practices Act, meet current prescription guidelines, and use the current BCWS Fuel Management Prescription template. See Guide for link.  Please describe: | **$** |
| **Eligible Cultural & Prescribed Fire Activities**: |  |
| Activities related to prescription development (e.g., approved Canadian wildfire modelling, pre-burn fire effects monitoring or stakeholder engagement).  Please describe: | **$** |
| Activities related to burn plan development including identification of values in containment areas, additional data collection requirements and engaging with burn specialists. Please describe: | **$** |
| Implementation of the burn. Please describe: | **$** |
| Pre- and Post-burn fire effects monitoring.  Please describe: | **$** |
|  |  |
| **Total Costs:** | **$** |
| **Total Costs per hectare:** | **$** |

|  |  |
| --- | --- |
| **SECTION 5: REVENUE (all sawlog and forest product sales)** | |
| Revenue(s) Description: | **Net Revenue** |
| Describe net revenue calculations: | **$** |
| Net revenue derived from project will be deducted from the ISC grant.  In Section 6, below, please report the full value of other grants received. | |
| **SECTION 6: OTHER GRANTS** | |
| **Grant(s) Description:** | **Actual Grant Value** |
|  | **$** |

|  |  |
| --- | --- |
| **SECTION 7: CERTIFICATION OF COSTS (to be signed by authorized Band financial officer)** | |
| I certify that the costs stated above: (1) have been incurred and paid; (2) are attributable to the project; (3) are eligible as outlined in Section 4 of the Program & Application Guide.  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: | Date: |

In addition to the Final Report Form, the following separate attachments are required to be submitted:

Post-treatment Threat Assessment Worksheets, fuel loading assessment, and threat plot photos from same locations as pre-treatment assessments and photos

Georeferenced PDF maps

Spatial data and metadata relating to the project

Copy of final or amended Fuel Prescription

Applicants are required to submit **one** electronic copy of the complete final report (with all supporting documents).

Final reports should be submitted directly to:

**Mitigation Department, First Nations’ Emergency Services Society:**

E-mail: [kalexandre@fness.bc.ca](mailto:kalexandre@fness.bc.ca)