

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

**On-Reserve Operational Fuel Treatment**

**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 Operational Fuel Treatment Program & Application Guide.

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| **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. | **DESCRIPTION OF COMPLETED PROJECT.**Please provide a detailed description of the  work that was completed, a detailed summary of how the fuel management objectives were met and proposed next steps for the area, including a projected maintenance schedule for surveys and treatments. | | | |
| 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 TREATED.**Please indicate the gross and net hectares treated as  part of the approved project.  Initial Treatment area: Gross \_\_\_\_ Ha’s. Maintenance Treatment area: Gross \_\_\_\_ Ha’s.  Net \_\_\_\_ Ha’s. Net \_\_\_\_ Ha’s. | | | |
| 5. | **POST-TREATMENT FUEL ASSESSMENT RATING (2020) OF TREATMENT AREA.**Please indicate the current (post-treatment) threat rating.Were hazard reduction targets achieved as per application?  Please note: Use WUI Wildfire Threat Assessments Methodology consistent with application plot submission. | | | |
| 6. | **POST-TREATMENT SURFACE FUEL LOADING OF TREATMENT AREAS.**  Please indicate the current (post-treatment) surface fuel loading.Were hazard reduction targets achieved as per application? | | | |
| **SECTION 3: CERTIFICATION OF WORK COMPLETED** (to be signed by Registered Forest Professional) | | | | |

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| 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: |

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| **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: |

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| Eligible costs and activities are outlined in the 2022-2023 ISC On-Reserve Operational Fuel Treatment Program & Application Guide.  In Section 4 below, include all actual activities and related costs, including information on the actual days of work, hourly/daily rates and types of equipment and actual hours of use.  If hand and mechanical treatments are proposed, provide separate descriptions and costs. | |
| **SECTION 4: ACTUAL FUEL TREATMENT COSTS (exclusive of eligible GST/PST rebate)** | |
| Activity Description | **Actual Cost** |
| Fuel Management Prescription preparation or amendment.  Please describe: | **$** |
| **Eligible fuel treatment or recovery activities**: | |
| Pruning.  Please describe: | **$** |
| Tree felling, including hand and mechanical tree felling.  Please describe: | **$** |
| Post-wildfire danger tree assessments and falling to address public safety and protect critical infrastructure. | **$** |
| Thinning, including hand and mechanical thinning.  Please describe: | **$** |
| Piling, including hand and mechanical piling.Please describe: | **$** |
| **Eligible Debris Management Activities:** | |
| Pile burning.  Please describe: | **$** |
| Piling, including hand and mechanical piling.  Please describe: | **$** |
| Debris management if burning on site is not considered a viable option. Please describe: | **$** |
| **Other Activities:** | |
| Traffic and/or public access management.  Please describe: | **$** |
| Access/egress route right-of-way widening. Please describe: | **$** |
| Custom Venting Forecast. Please describe: | **$** |
| Danger Tree Assessments.  Please describe: | **$** |
| Updates to existing threat plots and related spatial data to confirm WUI Wildfire Threat Assessment. Please describe: | **$** |
| Post-treatment Wildfire Threat Plots and critical surface intensity data to verify treatment effects and effectiveness. Please describe: | **$** |
| Preparation of post-treatment maps, spatial data, and metadata. Please describe: | **$** |
| Notifications of operational fuel treatment commencement to First Nations and other tenure holders. Please describe: | **$** |
| Staff and contractor costs directly related to fuel treatment activities including costs to complete Timber Permit requirements and project implementation costs. Including ISC required assessments (Archaeology, SARA, Environmental Impact, Site Plan).  Please describe: | **$** |
| Applicant administration costs directly related to fuel treatment activities. Please describe: | **$** |
| Post-treatment signage and public information directly related to completed fuel treatment activities. Please describe: | **$** |
| Other activities. Please describe: | **$** |
| **Actual Costs:** | **$** |
| **Total Grant Requested:** | **$** |
| **Actual Cost/ha\*:** | **$** |

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

Please note, documentation must be available to demonstrate how actual costs from other grant contributions are accounted for.  For example, labour costs must include information on the number of hours worked, the hourly rate, and the eligible activity that was undertaken (e.g. 50 hours at $18/hr for chipping).

The 2022 – 2023 ISC On–Reserve Operational Fuel Treatment project can contribute up to $75,000.00 in funding per First Nation.

Bands are responsible for proper fiscal management, including maintaining acceptable accounting records for the project. FNESS and/or the funder (Canada) reserve the right to audit these records.

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| **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)