

# 2021-2022 First Nations’ Emergency Services Society

**(FNESS) – Indigenous Services Canada (ISC)**

**FIRESMART 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 2021-2022 On-Reserve Operational Fuel Treatment and On-Reserve FireSmart™ Program & Application Guide.

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| **APPLICANT INFORMATION** |  |
| **First Nation & Address**:      | **Date of Final Report Submission**:      |
| **Contact Person**:      | **Title**:       |
| **Phone**:      | **E-mail**:      |
| **Proposed Hectares:** (if applicable)      | **Post-Treatment:** (if applicable)      |

## PART 1 (Technical Information)

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| **Describe your actions in the various FireSmart Zones - include Surface Fuels; Vegetation Management; Debris Removal; Trees & Shrubs; Spacing; Pruning; Slash Disposal** |
| **ZONE 1 A: Non-Combustible Zone (0-1.5 Metres) What did you do?** |
|            |
| **ZONE 1: (1.5-10 Metres)****What did you do?** |
|        |

**PART 1 (Technical Information)**

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| **Zone 2: (10 – 30 Metres) What did you do?** |
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| **Zone 3: (30 – 100 Metres) What did you do?** |
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**PART 2 (Administrative & Financial Reporting)**

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| **ACTUAL COSTS (exclusive of eligible GST/PST rebate)** |
| **Activity: Summarize original and approved application line items into the following broad categories** | **Ha Treated***(if applicable)* | **Actual Cost** |
| Labour. Please describe (summarize hours & rates):      |       | $      |
| Equipment. Please describe (summarize hours & rates):      |       | $      |
| Administration/Overhead. Please describe:      |       | $      |
| Other approved activities. Please describe:      |       | $      |
| **Total:** |       | **$** |
| **Total Grant Requested**: | **$** |

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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| **PART 3: CERTIFICATION OF COSTS (to be signed by Authorized Band Financial Officer) or approved designate named in BCR** |
| I certify that the costs stated above: (1) have been incurred and paid; (2) are attributable to the project; (3) are eligible (as outlines in Section 4 of the Program & Application Guide; and (4) are net of tax rebates 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:      | Date:      |

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| **PART 4: FINAL REPORT MANDATORY ATTACHMENTS**In addition to the Final Report Form , the following separate attachments are required to be submitted:[ ] Georeferenced PDF maps, or shape files, or .kml .kmz files to describe extents of project[ ] Four (4) Pre-Treatment and Four (4) Post-Treatment Photographs (jpeg, png) – page 4 & 5[ ] Confirmation of approved final; updated; or revised forest fuel treatment prescription (if applicable).[ ] Applicants are required to submit one electronic copy of the complete final report and all supporting documents |
| Final reports should be submitted:**Mitigation Department, First Nations’ Emergency Services Society:**E-mail: kalexandre@fness.bc.ca |

### PART 4: PHOTOGRAPH SUBMISSIONS

*Pre-Treatment #1 Pre-Treatment #2*

*Pre-Treatment #3 Pre-Treatment #4*

### PART 4: PHOTOGRAPH SUBMISSIONS

*Post-Treatment #1 Post-Treatment #2*

*Post-Treatment #3 Post-Treatment #4*