

**2021-2022 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 2021-2022 On-Reserve Operational Fuel Treatment Program & Application Guide.

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| **SECTION 1: APPLICATION INFORMATION** | | | | |
| First Nation: | |  | Date of Final Report Submission |  |
| 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. | **SUMMARY OF BEST PRACTICES, LESSONS LEARNED AND CHALLENGES.**  Describe challenges and successes. | | | |
| 5. | **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. | | | |
| 6. | **POST-TREATMENT WILDFIRE BEHAVIOUR THREAT RATING (2012) OR POST-TREATMENT FUEL ASSESSMENT RATING (2017) 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. | | | |
| **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: | | |
| Eligible activities and costs are outlined in Section 4 of the Program & Application Guide and a specific budget was approved as part of your application.  In Section 4 below, indicate the hectares treated for each eligible fuel treatment activity, include all actual eligible costs for your project and provide a brief description of the actual cost, including information on the actual days of work, hourly/daily rates and types of equipment and hours of use.  If hand and mechanical treatments were used, provide separate descriptions and costs. | | | |
| **SECTION 4: ACTUAL FUEL TREATMENT COSTS (exclusive of eligible GST/PST rebate)** | | | |
| Activity | | **Ha Treated** | **Proposed Cost** |
| **Eligible fuel treatment activities: Stand treatments.** | | | |
| Prescribed fire, including broadcast burning.  Please describe: | |  | **$** |
| Pruning.  Please describe: | |  | **$** |
| Tree felling, including hand and mechanical tree felling. | |  | **$** |
| Thinning, including hand and mechanical thinning.  Please describe: | |  | **$** |
| Tree planting for species conversion.Please describe: | |  | **$** |
| **Eligible fuel treatment activities. Debris Management.** | | | |
| Prescribed fire, including broadcast burning and pile burning.  Please describe: | |  | **$** |
| Piling, including hand and mechanical piling.  Please describe: | |  | **$** |
| Debris management, including lop and scatter, chipping, mastication and grinding. Please describe: | |  | **$** |
| Debris removal, including chip removal, hog fuel removal and slash removal.  Please describe: | |  | $ |
| Tree removal, including sawlog, firewood, and other forest products.  Please describe: | |  | $ |
| Custom Venting Forecast. Please describe: | | n/a | **$** |
| Danger Tree Assessments.  Please describe: | | n/a | **$** |
| Updates to existing threat plots and related spatial data to confirm WUI Wildfire Threat Assessment. Please describe: | | n/a | **$** |
| Preparation of maps, spatial data, and metadata. Please describe: | | n/a | $ |
| Notifications of operational fuel treatment commencement to First Nations and other tenure holders. Please describe: | | n/a | **$** |
| Staff and contractor costs directly related to fuel treatment activities.  ISC required Timber Permit Application and Assessments (Archaeology, SARA, Environmental Impact, Site Plan)  Please describe: | | n/a | $ |
| Review, revision and update of existing on reserve forest fuel prescription Or new developed forest fuel treatment prescription. This may include site assessment of current stand conditions forest composition and forest health conditions, revision of methods, strategies for fuel reduction activities, changes to stand and stocking table, fuel typing. Values- Forest and Range Practices Act, Prescription to meet current prescription guidelines and template. Please describe: | | n/a | $ |
| Applicant administration costs directly related to fuel treatment activities.  Please describe: | | n/a | $ |
| Post-treatment signage and public information directly related to completed fuel treatment activities. Please describe: | | n/a | **$** |
| Other approved activities.  Please describe: | |  | $ |
| **Total:** | |  | **$** |
| Please note that you will be required to provide detailed information on the community contribution in the final report, including contributions from other grant programs and all project revenues. In cases where other grants are used as a community contribution, 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).  Where revenue is in excess of the required community contribution, the excess revenue will be deducted from the total eligible cost of the project and the maximum grant will be calculated based on the net project cost.   |  | | --- | | For example:  Eligible project cost of $100,000  10% = $10,000  Revenue of $25,000  Excess revenue = $15,000  Net project cost is $85,000.  FNESS-ISC Grant (90%) = $76,500 | | | | |
| **SECTION 5: REVENUE (all sawlog and forest product sales)** | | | |
| Revenue(s) Description: | | **Net Revenue** | |
| Describe net revenue calculations: | | **$** | |
| Under no circumstances will the ISC grant result in payment of more than 90% of the eligible project cost.  In cases where eligible portions of other grant funding - combined with the maximum available ISC grant - are more than 100% of the project cost (or net project cost), the value of the excess funding 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 2021 – 2022 ISC On–Reserve Operational Fuel Treatment project can contribute a maximum of 90% of the cost of eligible activities up to $75,000.00 in funding per First Nation. The remainder (10%) is required to be funded through community contributions. Up to $7,500.00 per hectare, to complete a minimum 10 hectares total.

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| **Total Grant Requested (net of in-kind contribution revenue and other grants)** | **$** |
| **Total Approved Application Grant:** | **$** |

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 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: |

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

Post-treatment Threat Assessment Worksheets 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: [fuels@fness.bc.ca](mailto:fuels@fness.bc.ca)