**2024-2025**

**First Nations’ Emergency Services Society of BC (FNESS)**

**Indigenous Service Canada (ISC)**

***On-Reserve FireSmart™[[1]](#footnote-2) Program***

**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 2024-2025 On-Reserve FireSmart Program & Application Guide.

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| **SECTION 1: APPLICATION INFORMATION** | | | | |
| First Nation and address: | |  | Date of Final Report Submission |  |
| Contact Person\*: | |  | Title: |  |
| Phone: | |  | Email: |  |
| Proposed Hectares(if applicable) | |  | Post-Treatment: |  |
| **PART 1 (Technical Information)** | | | | |
| 1. | **NAME OF PROJECT:** | | | |
| 2. | **Describe your actions in the various FireSmart Zones – include Surface Fuels; Vegetation Management; Debris Removal; Trees & Shrubs; Spacing; Pruning; Slash Disposal:** | | | |
| 3. | **IMMEDIATE ZONE: (0-1.5 Metres) What did you do?** | | | |
| 4. | **IMMEDIATE ZONE: (1.5-10 Metres) What did you do?** | | | |
| 5. | **Extended: (10-30 METERS) What are you doing?** | | | |
| **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 and rates). |  | **$** |
| Equipment: Please describe (summarize hours and rates). |  | **$** |
| Administration/Overhead: Please describe: |  | **$** |
| Training: Please describe (ex: Wildfire Resiliency & Training Summit) |  | **$** |
| OTHER: Approved activities. Please describe: |  | **$** |
| Thinning, including hand and mechanical thinning.  Please describe: |  | **$** |
| **Total Cost:** |  | **$** |
| **On-Reserve FireSmart Total Grant Requested:** | **$** | |

Bands are responsible for proper fiscal management, including maintaining acceptable accounting records for the project. FNESS and/or the funder (Canada) reserves 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 outlined in 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: |

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| **PART 4: ON-RESERVE FIRESMART FINAL REPORT CHECKLIST** |
| Financial Expenditure Report.  Map of the project area showing the amount of structures/size of the area that was mitigated (FNESS Mitigation Specialist/Liaison can help create this map). Applicable it mitigation work was completed  Summary of the completed work/activities, including whether the project objectives were met, and lessons learned. If applicable  Minimum of four pre-and post-treatment photographs for the FireSmart activities on structures or vegetation modification activities. Note: Photos are not required for work undertaken on culturally significant sites. If applicable |
| Final reports should be submitted directly to:  **Mitigation Department, First Nations’ Emergency Services Society:**  E-mail: [firesmart@fness.bc.ca](mailto:firesmart@fness.bc.ca) |

1. FireSmart, Intelli-feu and other associated Marks are trademarks of the Canadian Interagency Forest Fire Centre. [↑](#footnote-ref-2)