

## Citizen Corps Regional Council/MRC/Other – 2017 Activity Report

**Purpose:** This report is a summary of the activities that have taken place for CERT teams within your region/council (COG) or Medical Reserve Corps (MRC) unit during 2017.

1. **Calendar Year (or other period covered by this report) :** \_\_\_\_\_

2. **Name of Reporting Entity/Regional Council /Group(COG):** \_\_\_\_\_

3. **Report Compiled By:**

a. Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Email : \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

4. **List The Names of the Teams/Units You Are Reporting On. It is the responsibility of the COG to assemble the necessary information and complete/submit this form. If you are a COG, list the names of the local entities you are reporting on. If your Team/Unit is not associated with a COG, please provide the data for your organization/community.**

<u>Unit/Team Name</u>	<u>CERT Team or MRC Unit?</u>	<u>Location</u>	<u>Number of Active Members</u>

*WHILE THERE CURRENTLY IS NO REQUIREMENT TO PROVIDE THIS REPORT ON A QUARTERLY OR SEMI-ANNUAL BASIS, THE INFORMATION TO COMPLETE IT SHOULD BE COLLECTED, MAINTAINED and ASSEMBLED AS IF SUCH A REQUIREMENT EXISTED*

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5. What new CERT, MRC or other teams have you added during 2017 or are planned for 2018?

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6. For the units or teams you are reporting on, what Citizen Corps Council grant funds were approved during the year/reporting period?

<u>Unit/Team Name</u>	<u>Category of Funding Received</u>	<u>Description of What Funds Were Used For</u>	<u>Amount of Grant</u>	<u>Was A Closeout Report Submitted?</u>

7. **Other Funding Sources:**

Please advise what additional funds your units received, if any, and from whom they receive them from:

<u>Unit/Team Name</u>	<u>Unit/Team Received Funding From</u>				
	<u>City/Town Budget</u>	<u>State of CT (other than CCC)</u>	<u>Federal Sources</u>	<u>Private Donations</u>	<u>Other Sources</u>

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**8. Activity Information (provide number of activities and total “man” hours):**

<u>Unit/Team Name</u>	<u>Admin, Meetings &amp; Planning Sessions</u>		<u>Training Sessions</u>				<u>Activations -Planned</u>		<u>Activations - Emergency</u>		<u>Other Events &amp; Activations</u>	
			<u>Online</u>		<u>All Other</u>							
	<u>#</u>	<u>Man Hours</u>	<u>#</u>	<u>Man Hours</u>	<u>#</u>	<u>Man Hours</u>	<u>#</u>	<u>Man Hours</u>	<u>#</u>	<u>Man Hours</u>	<u>#</u>	<u>Man Hours</u>

**9. What are your organization’s Plans, Goals, & Objectives for Next Year?**

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**10. Please provide copies of the following:**

- a. Roster of Council Members (regional councils only)
- b. List of Meetings Held The Previous Year (regional council or MRC)
- c. Schedule of Meetings For The Upcoming Year (regional council or MRC)

**11. Please provide any other information that illustrates the added value provided by your organization in the advancement of Citizen Corps activities in your geographic responsibility area:**

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***Please complete this report, then forward it, along with copies of the documents requested, to the address provided by the Co-Chair or DEMHS, no later than January 31<sup>st</sup>***