

## Citizen Corps/Regional Council/MRC/Other – 2024 Activity Report

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**Purpose:** This report is a **summary of the activities** that have taken place for **Community Emergency Response Team (CERT)** within your region or Council of Governments (COG) or **Medical Reserve Corps (MRC)** unit during calendar year 2024.

**1. Name of Reporting Entity/Regional Council /Group (COG):**

**2. Report Compiled By:**

- a. Name:
- b. Title:
- c. Email:
- d. Phone Number:

### **Instructions for report data entry and submission:**

**For CERT Teams Only** – Please fill out the report **for your team only**. When completed, please **submit your report to your COG representative**.

It is the responsibility of the COG (deliverable under COG Planning Grant) to collect each CERT's report & submit all individual reports in one regional group. **If your Team is not associated with a COG**, please enter the data and submit the report for your Team. **All CERT reports from COG's and non-COG affiliated teams should be forwarded to the dedicated State Citizen Corps email ([DEMHS.CitizenCorps@ct.gov](mailto:DEMHS.CitizenCorps@ct.gov)).**

**For MRC Units Only** – Please compile your Annual Activity Report using this template and **forward it to Makayla Andrews ([makayla.andrews@ct.gov](mailto:makayla.andrews@ct.gov))**, who will assemble and forward the MRC Annual Activity Reports in one group.

**For COG's & other Regional entities**- for #3, #4, #5 and #6 list all the team names and data for which you are submitting a report. Attach each CERT's page 6 sheet to the end of this report.

***Please complete this Report, then forward it, along with copies of any additional detail schedules or supporting documents, no later than Tuesday, April 1, 2025.***

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**3. List the name(s) of the team(s)/unit(s) for this report.**

**NOTE: If team or unit is new or reinstated in 2024, please indicate in last column with an "N" (New) or "R" (Reinstated).**

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4. For the unit(s) or team(s) in this report, what category of Citizen Corps Program (CCP) grant funds (A, B, C or D) were approved during the year/reporting period?

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## 5. Other Funding Sources (non-CCP):

If your team/unit received non-CCP funding, please advise on the type of funding source and funds (\$)**approved**:

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**6. Activity Information – Please provide number of activities (#) and total “man” hours:**

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CERT/MRC/COG Name:

7. What are your organization's Plans, Goals, & Objectives for 2025?

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8. What should the Statewide Citizen Corps Advisory Council know about your team? (e.g. staffing challenges, increased service delivery, etc.)

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