

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

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).**

For MRC Units Only – Please compile your Annual Activity Report using this template and **forward it to Makayla Andrews (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.

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

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).

<u>Unit/Team Name</u>	<u>CERT or MRC</u> <u>Unit?</u>	<u>Location</u>	<u># of Active</u> <u>Members</u>	<u>New (N) or</u> <u>Reinstated(R)?</u>

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

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?

<u>Unit/Team Name</u>	<u>Category of Funding</u>	<u>Description of What Funds Were Used For</u>	<u>Amount of Grant (\$)</u>	<u>Closeout Report Submitted?</u>

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

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:

<u>Unit/Team Name</u>	<u>Unit/Team Funding Source</u>				
	<u>City/Town Budget (\$)</u>	<u>State of CT (\$ (other than CCP)</u>	<u>Federal Sources (\$)</u>	<u>Private Donations (\$)</u>	<u>Other Sources (\$)</u>

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

5

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

CERT/MRC/COG Name:

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

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