<u>Purpose:</u> 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 2023**.

- 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 toto the dedicated State Citizen Corps email (DEMHS.CitizenCorps@ct.gov).

<u>For MRC Units Only</u> – 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.

<u>For COG's & other Regional entities</u>- 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 Monday, April 1, 2024.

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

NOTE: If team or unit is <u>new</u> or <u>reinstated</u> in 2023, please indicate in last column with an "N" (New) or "R" (Reinstated).

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

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>	Category of Funding	Description of What Funds Were Used For	Amount of Grant (\$)	Closeout Report Submitted?

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:

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

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

		Service,	Meetings & Training Planned		ned	<u>Emergency</u>		Other Events &				
Team/Unit Name		ation <u>,</u> treach	On	line	All C	ther	Activa	ations	<u>Activations</u>		Activities	
	#	Man Hours	#	Man Hours	#	Man Hours	#	Man Hours	#	Man Hours	#	Man Hours

	CERT/MRC/COG Name:	
7.	What are your organization's Plans, Goals, & Objectives for 2024?	
3.	Please provide any other information that illustrates the added value provided by your organization in the advancem activities in your geographic responsibility area:	ent of Citizen Corps