**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 2019.

1. **Name of Reporting Entity/Regional Council /Group (COG):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Report Compiled By:** 
   1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **List The Names of the Teams/Units You Are Reporting On.** 
   1. ***For CERT Teams Only – It is the responsibility of the COG to assemble the necessary information and then complete & submit this form.* If you are a COG, list the names of the local entities you are reporting on. If your Team is not associated with a COG, please enter the data for your Team. All reports should be forwarded to Mark Amatrudo (**[CTCitizenCorpsCouncil@gmail.com](mailto:CTCitizenCorpsCouncil@gmail.com)*).*
   2. ***For MRC Units Only –* As has been done in the past, please compile your Annual Activity Report using this template and forward it to Katherine McCormack (**[kmccor4040@aol.com](mailto:kmccor4040@aol.com)**).**

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| --- | --- | --- | --- |
| **Unit/Team Name** | **CERT Team or MRC Unit?** | **Location** | **# of Active Members** |
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1. **What new CERT, MRC or other teams have you added during 2019 or are planned for 2020?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- |
| **Unit/Team Name** | **Category of Funding Received** | **Description of What Funds Were Used For** | **Amount of Grant** | **Was A Closeout Report Submitted?** |
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1. **Other Funding Sources:**  
   Please advise what additional funds your units received, if any, and from whom they receive them from:

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| --- | --- | --- | --- | --- | --- |
| **Unit/Team Name** | **Unit/Team Received Funding From** | | | | |
| **City/Town Budget** | **State of CT (other than CCC)** | **Federal Sources** | **Private Donations** | **Other Sources** |
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1. **Activity Information (provide number of activities and total “man” hours):**

| **Unit/Team Name** | **Public Service/ Education/ Outreach Sessions** | | **Meetings & Training Sessions** | | | | **Planned Activations** | | **Emergency Activations** | | **Other Events & Activities** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Online** | | **All Other** | |
|  | # | Man Hours | # | Man Hours | # | Man Hours | # | Man Hours | # | Man Hours | # | Man Hours |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **What are your organization’s Plans, Goals, & Objectives for Next Year?**  
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2. **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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please complete this Report, then forward it, along with copies of any additional detail schedules or supporting documents, no later than February 15, 2020.***

***Email addresses for submission are included in Item 3 on Page 1.***