

**Office of the Fire Marshal (OFM) Fire
Protection Grant - Report Back Guide**
FY2024-25

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Purpose

The purpose of this document is to provide guidance on completing the Fire Protection Grant Report Back form, uploading and attaching invoices, and submitting the final report.

Before You Begin

Please ensure that you have the following:

- ✓ Access to your Transfer Payment Ontario (TPON) Account
- ✓ Your original Fire Protection Grant project submission
- ✓ Your signed and executed Fire Protection Grant Transfer Payment Agreement(s)
- ✓ Project invoices for uploading (in an electronic file format)

How to Submit a Report

Please refer to the TPON Reference Guide when submitting your report back: [Transfer Payment Ontario Reference Guide](#).


You may also view the [Transfer Payment Ontario - How to Submit a Report: Video](#)

Repopulating Information in the Report

Download the Report Back form from TPON and review the prepopulated information. If the information is not accurate, you may refer to the top of page 7 of the [Transfer Payment Ontario Reference Guide](#) for instructions on how to update the information.

How to Complete the Fire Protection Grant Report

A – Organization Information: This section will be prepopulated with your municipality’s information. Please review the information to ensure that it is accurate.



YEAR END REPORT

Case No.: 2024-07-1-2965200974

Fire Protection Grant (FY24-25)

Reporting Period: 04/28/2025 to 12/15/2025

Expand

Validate

Instructions	A - Organization Information	B - Organization Address Information
C - Report Contact Information	D - Fire Department Information	E - Report Back
F - Grant Funding Breakdown	G - Declaration / Signing	

A - Organization Information

This section is not editable and displays information from your Transfer Payment Ontario (TPON) registration. If changes are required in Section A of your report, please make them in the [TPON system](#), or contact TPON Client Care. Once your information is revised, all future downloaded forms will include the updated information.

Organization Name:
SAMPLE Operating Name


Organization Legal Name:
SAMPLE Legal Name

Website URL:
<https://www.ontario.ca/page/get-funding-ontario-government>

CRA Business Number:

4 | Page

B – Organization Address Information: This section will be prepopulated with your municipality’s information. Please review the information to ensure that it is accurate.



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B - Organization Address Information

This section is not editable and displays information from your TPON registration. If changes are required in Section B of your report, please make them in the [TPON system](#), or contact TPON Client Care. Once your information is revised, all future downloaded forms will include the updated information.

Business Address

Unit Number:

Street Address 1:

5775 Yonge Street

Street Address 2:

3rd floor

City/ Town:

Toronto

Province:

ON

Postal Code:

M2M4J1

Country:

Canada

Mailing Address

Unit Number:

Street Address 1:

5775 Yonge Street

Street Address 2:

3rd floor

City/ Town:

Toronto

Province:

ON



Postal Code:

M5A1V8

Country:

Canada

C – Report Contact Information: Please complete all fields in this section. Fields highlighted with an asterisk (*) are mandatory.



YEAR END REPORT

Case No.: 2024-07-1-2965200974

Fire Protection Grant (FY24-25)

Reporting Period: 04/28/2025 to 12/16/2025

Expand

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C - Report Contact Information

Contacts with signing authority will be prompted to digitally sign this form in Section G.

		Add	Remove
Salutation: * Dr.	First Name: * A	Last Name: * B	
Primary: <input checked="" type="checkbox"/>	Role: * Applicant	Email Address: * jj@gmail.com	
Title: asdfasdf	Department: Account	Phone Number (Work): * 1111111111	
Phone Number (Mobile):	Signing Authority <input checked="" type="checkbox"/>		

D – Fire Department Information: Please complete all fields in this section. Fields highlighted with an asterisk (*) are mandatory.



YEAR END REPORT
Fire Protection Grant (FY24-25)

Case No.: 2024-07-1-2965200974

Reporting Period: 04/28/2025 to 12/15/2025

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D - Fire Department Information

Please complete the information below regarding your municipality and associated fire department. Please be sure to indicate whether there were any partnerships in your grant funding and include their information as well.

Name of Fire Department: *

Municipality: *

Have you participated in a partnership for this grant? *



If yes,

Name of Fire Department:

Municipality:


Fire Chief:

E – Report Back: Please enter the “Project Name,” “Project Start Date,” and “Project End Date” as it appeared on your Fire Protection Grant submission.

For the “Total Funding Awarded,” refer to the top of “Schedule B” on page 21 of your signed and executed Fire Protection Grant Transfer Payment Agreement(s). Enter the “Maximum Funds” amount.

To locate the information for the “Project Summary,” refer to your Fire Protection Grant submission. Be sure to include details for any approved project amendments (if applicable).

Please complete all fields. Fields highlighted with an asterisk (*) are mandatory.



YEAR END REPORT

Fire Protection Grant (FY24-25)

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E - Report Back

Project name:
Merchant of Venice

Project Start Date: * 07/31/2024	Project End Date: * 08/01/2024
Total Funding Awarded: \$0.00	Total Funding Spent: *


Project Summary
 please describe how your fire department has utilized the funds, include items purchased and how it has contributed to cancer prevention initiatives in your department, firefighter health and safety, etc. *

Note: The “Total Funding Spent” is the actual amount of Fire Protection Grant funds used to complete the project. If the total spent is *less* than the funding awarded, all unused funds must be reimbursed to the Province of Ontario.

F – Grant Funding Breakdown: Please refer to section “F – Budget” of your Fire Protection Grant submission and complete all fields. Review the “Amount” information populated from your original grant submission to ensure that it is accurate.

Fields highlighted with an asterisk (*) are mandatory.

TIP: A description is not required for each item if not applicable. However, a dollar amount must be entered – use “\$0.00” where applicable.



YEAR END REPORT

Fire Protection Grant (FY24-25)

Reporting Period: 04/28/2026 to 12/16/2026

Case No.: 2024-07-1-2965200974

Expand

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Instructions	A - Organization Information	B - Organization Address Information
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F - Grant Funding Breakdown

Please attach an itemized list along with the anticipated costs (not including taxes), categorized using the categories below to outline the individual equipment and installation costs included in this initiative.

Item	Description	Amount	Actual
Anticipated Costs of Project components			
* Cancer Prevention – Equipment and Supplies		\$2.00	
* Cancer Prevention – PPE		\$2.00	
* Cancer Prevention – Minor Infrastructure		\$3.00	
* Installation Costs – Cancer Prevention - Minor Infrastructure		\$3.00	
* Minor Infrastructure Modernization – Enhanced Broadband and Internet		\$34.00	
* Installation Costs Minor Infrastructure Modernization – Enhanced		\$4.00	
* Other (specify)		\$4.00	
Total Expenditures		\$52.00	\$0.00


Note: Once you have completed and uploaded your report back form, you will be required to attach supporting documents such as invoices related to your project.

G – Declaration/Signing: Review the Declaration. The Applicant information will prepopulate from section “C - Report Contact Information.”

Once you have read and understand the Declaration, click on the “Sign Document” button.

Next, click on the “I Agree” button to agree with the Declaration and Statement.

Once you confirm that you agree, your signature, the date and time will populate automatically.



YEAR END REPORT

Fire Protection Grant (FY24-25)

Reporting Period: 04/28/2025 to 12/15/2025

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Instructions	A - Organization Information	B - Organization Address Information
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G - Declaration / Signing

Declaration / Signing

Applicants are expected to comply with the Ontario Human Rights Code (the "Code") and all other applicable laws (<http://www.ohrc.on.ca/en/ontario-human-rights-code>). Failure to comply with the letter and spirit of the Code will render the applicant ineligible for a grant and, in the event a grant is made, liable to repay the grant in its entirety at the request of the Ministry. Applicants should be aware that Government of Ontario Institutions are bound by the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31 (<https://www.ontario.ca/laws/statute/90f31>), as amended from time to time, and that any information provided to them in connection with this application may be subject to disclosure in accordance with that Act. Applicants are advised that the names and addresses of organizations receiving grants, the amount of the grant awards, and the purpose for which grants are awarded is information made available to the public.

Declaration

The Applicant hereby certifies as follows:

- (a) the information provided in this application is true, correct and complete in every respect;
- (b) the Applicant understands any funding commitment will be provided by way of an approval letter signed by the responsible Minister and will be subject to any conditions included in such a letter. Conditions of funding may include the requirement for a funding agreement obligating the funding recipient to report on how the funding was spent and other accountability requirements;
- (c) the Applicant has read and understands the information contained in the Application Form;
- (d) the Applicant is aware that the information contained herein can be used for the assessment of grant eligibility and for statistical reporting;
- (e) the applicant understands that it is expected to comply with the Ontario Human Rights Code and all other applicable laws;
- (f) the Applicant understands that the information contained in this application or submitted to the Ministry in connection with the grant is subject to disclosure under the Freedom of Information and Protection of Privacy Act;
- (g) the Applicant is not in default of the terms and conditions of any grant, loan or transfer payment agreement with any ministry or agency of the Government of Ontario;
- (h) I am an authorized signing officer for the Applicant.

Applicant


Dr. A.B
asdfsdf
(W): 1111111111
Email: j@gmail.com

By clicking the "I Agree" button, I Agree with the Declaration and Statement Above

Signature _____ Date/Time _____

Please validate your application by clicking the Validate button before submitting the form back to Transfer Payment Ontario.

Validation

Scroll to page 1 of the form and click on the  button at the top right.

Note: If any of the mandatory fields are not complete, the form will not validate, and you will be prompted to complete those fields.

Once you have completed the form validation, a pop-up will appear confirming that the form has been validated successfully:



Now that your report form has been successfully validated, **save the file to your device.**

Submission of Report Back

The report form that you just saved to your device will be the form that you are required to submit (upload) to TPON.

Please refer to pages 8 through 10 of the Transfer Payment Ontario (TPON) Reference Guide to **Upload the Report Form, Attach Supporting Documents (invoices), and Submit the Report Back:** [Transfer Payment Ontario Reference Guide](#)