

FIRE PROTECTION ASSOCIATION ANNUAL REPORT

Section 1: FPA information			
FPA name		Umbrella FPA	
Registration no.		Registration date	
Address of FPA		Telephone	
		Fax	
		Email	
Local Municipality		District Municipality	
Total area of FPA (ha)		Total Area of members (ha)	
No. of members		Members % of total area	%
This annual report is for period:		Indicate your choice by marking yes or no	
Has the original area of the FPA been enlarge during this year			If Yes, please submit form 3
Is the boundary of the FPA in line with the Municipality boundary		YES	NO
If no, do you know if the rest is cover by other FPA's	YES	NO	What % is not cover by FPA's %
Section 1.2: Contact details of the Executive Committee			
Filling post as:	Name	Tel.	E-mail address
Chairperson			
Secretary			
FPO			
Indicate if FPO is the Chief Fire Officer (CFO) of which Local Mun. or Dist Mun.		YES	NO
If there is more than one CFO within the FPA indicate from which Municipality or District Municipality is represented			
If the members of Executive Committee has changed from last year, please to complete form 5			
Section 1.3 Changes in membership			
Total no of new Members		Total area added (ha)	
Total no of members terminated		Total area lost (ha)	
Reasons for termination:			
If the space is to little, please attached more pages, referring to which section			

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Section 2: Compliance by organs of State and Municipalities			
Indicate which organs of State and Municipalities fall in the FPA area of jurisdiction			How many are members
Is the Local Municipality a member of the FPA?	Yes	No	
Is the FPA involved in the development of the Municipal IDP processes?	Yes	No	
Is the FPA business plan incorporated into the Municipal IDP?	Yes	No	
State any form of support received from the Local/District Municipality:			
List all state institutions/parastatal which are members of the Fire Protection Association and their compliance with the Business plan (example Eskom):			
If the space is too little, please attach more pages, referring to which section			

Section 3: Capacity Development			
Nature of training	Service provider	Category of trained personnel.	Duration
Any other remarks about training:			

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If the space is too little, please attach more pages, referring to which section

Section 4 : Progress report

Give detailed progress report on the achievements of the FPA with regard to the aim and objectives of the FPA as specified in the business plan for example : Admission of Guilt Fines finalized, partnerships entered into b/w the FPA and other stakeholders, Localized Fire Danger Rating in use in the area, etc

Report on any other matter or observations that relate to successes in or problems with the management of veldfires:

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If the space is to little, please attached more pages, referring to which section

Section 5: Fire Statistics in the FPA area (give summary of total loss)					
Causes	Ha.	Estimate of the damage	Injuries/ Death	Houses Destroyed	Livestock lost

Section 5.2 indicate type ha lost to wildfires						
Natural veld	Harvest veld & game farming	Grazing veld & planted veld	Dry land agriculture	Irrigate lands & orchards/vineyards	Timber Plantations	Sugercane plantations

Notes:

Section 5.3: Summary of offences committed					
Date	Offence	Reported to SAPS?	Arrest	Prosecution	Results

Notes: (What can be done to improve to compliance and enforcement)

If the space is to little, please attached more pages, referring to which section

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Section 6: Other information			
Does your FPA boundary on Province		International boundary	
Indicate which			
What are the key challenges faced by your FPA about cross border fires?			
What is the view of the FPA partnership with other FPAs (for example in an Umbrella FPA?)			
If the space is to little, please attached more pages, referring to which section			

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Section 7: Changes to the business plan/ constitution			
Were there any major changes to the business plan?	Yes		No
If yes, please list the changes			
When was the last AGM held			
Please attach a copy of the Chairperson's Report of the last AGM.			
The information on the Annual Report should not be limited to those requested in the Template. If the FPA feels that they wish to provide more detailed information, it will be greatly appreciated as long as it at least covers the above requested areas as well.			
Signatures			
Chairperson Date:	FPO Date:		