



# Lac La Biche County FCSS Grant Report



Amount requested:

Amount spent:

Date:

Report Due Date:

Organization:

Contact:

Address:

Phone:

Email:

Program name:

Agency Description (please provide a brief overview of mission, mandate, history, etc.):

Did you achieve the objectives included in your application?

Audience(s):	Children/Youth	Number of participants:
	Adults	Number of participants:
	Seniors	Number of participants:
	Families	Number of participants:
	Community	Number of participants:

Please report on how you did at one or more of the following (as identified in your application):

Individuals experience personal well being

Individuals are connected with others

Children and youth develop positively

Healthy functioning within families

Families have social supports

The community is connected and engaged

Community social issues are identified and addressed

From the following list, please select the outcomes that your program/project achieved:

### **Individual**

Individuals experience personal wellbeing.

Individuals are connected to others and/or feel more connected to their community.

Individuals know how to access community resources they need.

Individuals feel a sense of belonging to their community.

Individuals have people they can rely on for support and help.

Individuals are comfortable being around people of other cultures, races or backgrounds.

Individuals are better able to address their needs and/or have enhanced confidence to deal with issues.

Individuals are hopeful about their futures.

### **Families**

Healthy functioning within families.

Families have social supports.

Parents provide support to their children.

### **Children and Youth**

Children and youth develop positively.

Children and youth develop positive values.

Children and youth develop positive identities.

### **Volunteers**

Volunteers have increased capacity to fill their volunteer roles effectively.

Volunteers feel good about themselves and their contributions as a result of volunteering.

Volunteers feel valued/important to their community.

### **Community**

The community is knowledgeable about (insert community issue) \_\_\_\_\_

The community is aware of the impact of (insert social issue) \_\_\_\_\_

The community is connected and engaged.

Community social issues are identified and addressed.



Volunteer involvement related to this program/project only: (if applicable)

Number of volunteers:

Number of volunteer hours:

Please share a story that describes the significant impact for the participants.

How did you acknowledge Lac La Biche County FCSS grant contributions?

**Data Collection Tool(s) Used:**

- |                       |              |
|-----------------------|--------------|
| Survey                | Checklist    |
| Interview             | Observation  |
| Focus Group           | Case Studies |
| Other, please explain |              |

**When were Measurement Tool(s) used:**

- Pre-test/post-test: both before and after your activities
- Post- Only: after activities
- During your activities

## **CONTINUOUS QUALITY IMPROVEMENT:**

After analyzing the information, should we continue with this program/project? Why or why not?

What improvements can we make to the program/project?

What improvements can we make to the outcome measurement process?

Successes:

Changes to be made (if any):

**INPUTS:**

What resources did you invest to achieve your goal? (Staff, supplies, location, etc.)

In what ways did your project incorporate volunteerism?

**OUTPUTS:**

List the specific activities and processes you used to work toward your program or project goal(s).

Who did you reach? (community, partners, number served, etc.)

***Please include any promotional, awareness items,  
photographs of events or projects with your report.***

### BUDGET SHEET OF PROJECTED FINANCIALS

Project Revenue	Budget	Actual
Funds provided by host agency or agencies		
Funds from fund raising		
Funds from other granting sources		
FCSS Grant Funding requested		
<b>Total Revenue:</b>		
Project Costs	Budget	Actual
Wages and other employment-related costs Describe:		
Contracted Services Describe:		
Venue costs		
Materials Describe types of materials and list any individual item in excess of \$500:		
Food		
Advertising		
Travel costs		
Other Describe:		
<b>Total Costs:</b>		





## WAIVER

I give permission to Lac La Biche County Family and Community Support Services to use any photographs of projects or events that I have submitted for the promotion or evaluation of the services that Lac La Biche County Family and Community Support Services provides.

Signature:

Date:

Print Name:

Position:

Telephone:

Fax:

E-mail: