



# **EXTERNAL GRANT PROGRAM**

## **FINAL OUCOME EVALUATION REPORT**

### **DEADLINE:**

**Operational Grants – 60 days after project completion**

**Special Projects Grants – 30 days after project completion**

### **Return Completed Final Outcome Evaluation Reports To:**

Village of Wabamun FCSS  
Box 240,  
Wabamun, AB  
TOE 2K0

### **For further information, please call:**

Wabamun and Area FCSS Board Members or FCSS Program Coordinator  
780-892-2699

## **WABAMUN AND AREA FCSS FINAL OUTCOME EVALUATION REPORT**

Please find enclosed a Final Outcome Evaluation Reporting Form for Wabamun and Area FCSS. This report is a requirement of FCSS funding and is an important part of evaluating for continuous improvement of the preventive social services we provide to the residents of the Village of Wabamun and area. It is also a prerequisite for the approval of future funding.

The purpose of the Final Report is to provide a detailed account of what was accomplished with the funded program/project and how. It shows what the impact of the program/project has had on the community. In addition, it is an opportunity for service providers to reflect on their experiences so that findings may be applied to future programs/projects. The Final Report must also provide a detailed account of revenue and expenditures, and any resulting surplus or deficit. All surplus unexpended grant funding must be returned to the Wabamun and Area FCSS with the Final Outcome Evaluation Report.

**Organization Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Due Dates: Operational Grants** – 60 days after completion of the project

**Special Project Grants** – 30 days after completion of the project

### **FINAL REPORTS MUST BE RETURNED TO:**

Village of Wabamun FCSS

Box 240

Wabamun, Alberta

T0E 2K0

**WABAMUN AND AREA FCSS FUNDED PROGRAM EVALUATION**

**Name of Program/Project Funded:** \_\_\_\_\_

**Amount of Funding Received from FCSS:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Contact or Person Completing Form:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Start Date of Program/Project:** \_\_\_\_\_

**End Date of Program/Project:** \_\_\_\_\_

## PROGRAM/PROJECT FINANCIAL OUTCOME REPORT

	BUDGET	ACTUAL
<b>REVENUE</b>		
FCSS		
Organization Contributions		
- Cash on Hand		
- Volunteer Hours		
- Gift in Kind		
Other Funding Grants (please list)		
Cash Donations		
Community Contributions		
Participant Registrations or Fees		
Membership Fees		
Interest Income		
Other (please list)		
<b>TOTAL REVENUE</b>		

	BUDGET	ACTUAL
<b>EXPENSES</b>		
Personnel		
Professional Fees		
Supplies		
- Materials		
- Equipment		
Advertising & Promotion		
Facility Costs		
- Rental		
- Utilities		
Equipment Rental		
Insurance		
Travel		
Accommodation		
Training		
Volunteer Development		
Other (please list)		
<b>TOTAL EXPENSES</b>		

**Total Revenue - Eligible Expenses = Surplus/Deficit**

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_

**\*Surplus FCSS Grant Funding must be returned to Wabamun and Area FCSS**

**Describe the program/project and discuss how it addressed the need identified in the community as described in your grant application.**

**Supporting Statistics and Community Involvement**

**Direct Programs Offered**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Participant Numbers**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Community Education and Awareness**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Population Reached**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Volunteerism**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Participating Number**

- \_\_\_\_\_
- \_\_\_\_\_

**Staff Development**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Staff Involved**

- \_\_\_\_\_
- \_\_\_\_\_

**Geographical Area Served** \_\_\_\_\_

**Did your program/project meet the goals and objectives stated in the funding application? Describe how you measured the extent to which you achieved your goals. What outcomes were you able to measure?**

**Did you reach the intended population that you hoped the program/project would serve? Did the target group change or expand?**

**How many individuals participated in or received services from your program/project?**

**0-5 yrs \_\_\_\_\_ 6-11 yrs \_\_\_\_\_ 12-17 yrs \_\_\_\_\_ Adults \_\_\_\_\_ Seniors (55+) \_\_\_\_\_**

**What impact did the program/project have on those it served? What impact did the program/project have on the community? How do you know?**

**What worked well and what didn't work well during your program/project? Were there any unexpected successes or challenges? What changes would you make to the program/project?**

**Were positive community partnerships formed as a result of this program/project? How will this help to sustain your program/project in the future?**

**Did you advertise for this program/project? Please attach copies of any advertising done to illustrate the program and FCSS funding support. Please attach copies and ensure pictures are labeled, dated and that permission to use has been obtained.**

**Do you have any suggestions for improvement to the Wabamun and Area FCSS Program Grant Funding Application or process?**

**Describe how your program/project has achieved one or more of the following:**

1. Helped people to develop independence, strengthen coping skills, and become more resilient.
  
2. Helped people become aware of social needs.
  
3. Helped people develop interpersonal and group skills.
  
4. Helped people and communities to assume responsibility for decisions and actions which affect them.
  
5. Provided support that helped to sustain people as active participants in the community.

## PROMOTIONS AND ADVERTISING WAIVER

As a program that is funded by a joint municipal and provincial government agreement, Wabamun and Area FCSS endeavors to make the public aware of programs and events we have supported throughout the year. Please enclose copies of awareness and promotion items.

Enclosures:

- Promotional or awareness items
- Photographs of events or projects

**Waiver:**

*I give permission to Wabamun and Area FCSS to use any photographs of projects or events that are submitted for the promotion or evaluation of the services that Wabamun and Area FCSS provide.*

**Name and Title of the Officer authorized by the Organization:**

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Signature of Authorized Officer \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_