

Lac La Biche County FCSS Grant Report



Amount requested:

Amount spent:

Date:

Report Due Date:

Organization:

Contact:

Address:

Phone:

Email:

Program name:

Description:

Did you achieve the objectives included in your application?

Audience:	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

Please contact FCSS before filling out this page. Our staff is trained, has examples and can customize this section on your specific program and achievement goals.

List of Outcomes:

Outcomes:

Measures:

Measures Bank Numbers:
(Internal FCSS use only)

Alignment with FCSS Outcomes Model and indicators
(Internal FCSS use only)

Data Collection Tool(s) Used:

- Survey
- Interview
- Focus Group
- Other, please explain

- Checklist
- Observation
- Case Studies

When were Measurement Tool(s) used:

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

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?

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		
Total Revenue:		
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:		
Total Costs:		

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:

