## Lac La Biche County FCSS **Grant Report**



Email:

Did you achieve the objectives included in your application?

Phone:

Program name:

Description:





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 Outco (Internal FCSS use only)	omes Model and indicators	
Data Collection Tool(s) Used:		When were Measurement Tool(s) used:
Survey Interview	Checklist Observation	Pre-test/post-test: both before and after your activities Post- Only: after activities

During your activities

Case Studies

Focus Group

Other, please explain

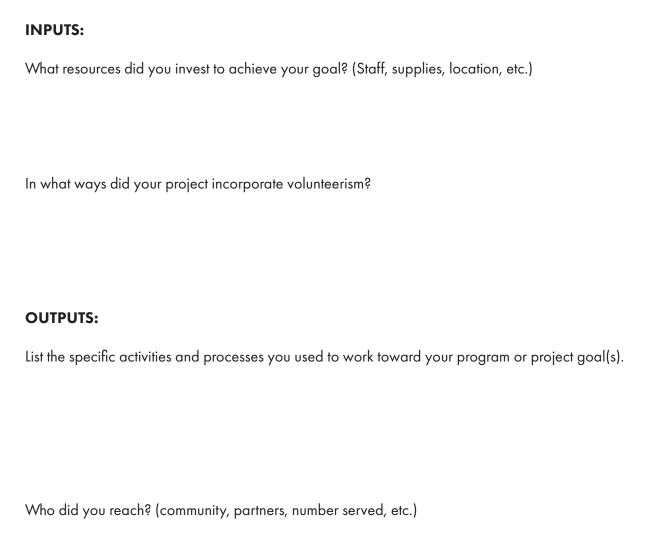
Lac La Biche County welcoming by nature.



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):











## **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:				
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Food				
Advertising				
Travel costs				
Other				
Describes				
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:	

