# Lesser Slave River
Administration

## FCSS GRANTS TO GROUPS PROJECT SUMMARY REPORT

**SPECIAL PROJECTS REPORT DEADLINE**

**OPERATION GRANTS REPORT DEADLINE**

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**PROGRAM/PROJECT/EVENT NAME**

**FUNDING AMOUNT RECEIVED**

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**CONTACT INFORMATION**

NAME

POSITION

PHONE NUMBER

EMAIL ADDRESS

REPORT COMPLETION DATE (MM/DD/YYYY)

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**PROGRAM/PROJECT/EVENT GOALS**

**PROJECT DESCRIPTION**
What was the main purpose of your funded program/project/event?
What change/impact do you want to create for your participants as a result of participating?

**PROJECT GOALS**
What were your project/program/event goals, as stated in your grant application?

**PROJECT RESULTS**
Did your project/program/event achieve the goals that were listed in your original application? If not, please tell us why.
What were some of the barriers or challenges you experienced with regard to accomplishing those goals?

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**PROGRAM/PROJECT/EVENT DETAILS**
Answer the questions that apply to your program/project/event.

HOW MANY PEOPLE ACTIVELY PARTICIPATED OVER THE PAST YEAR?

HOW MANY FCSS FUNDED SESSIONS DID YOU OFFER?

HOW MANY SEGMENTS WERE INCLUDED IN EACH?

HOW LONG WAS EACH SEGMENT?

WHO PARTICIPATED? (Check all that apply)

☐ Children (0 to 6 years)   ☐ Youth (6 to 12 years)   ☐ Teens (13 to 18 years)   ☐ Seniors (65+)   ☐ Families   ☐ Community

☐ Aboriginal Persons   ☐ Immigrants

TOTAL NUMBER OF PARTICIPANTS _____   TOTAL NUMBER OF PARTICIPANTS THAT COMPLETED THE SURVEY (If applicable) _____

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**VERIFICATION OF MDLSR RESIDENT PARTICIPATION/ATTENDANCE**

NUMBER OF MD RESIDENTS PARTICIPATED OR ATTENDED _____ **OR** % OF PARTICIPANTS OR ATTENDEES WHO WERE MD RESIDENTS _____

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**VOLUNTEER PARTICIPATION**

NUMBER OF VOLUNTEERS HELPING WITH YOUR PROGRAM _____

TOTAL VOLUNTEER HOURS CONTRIBUTED TO YOUR PROGRAM _____

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**MEASURING IMPACT/CHANGE**

If applicable, please provide us with a <u>blank</u> copy of the surveys or checklists that you used for your program. Please <u>do not</u> include completed participant surveys.

**After collecting and reviewing the feedback and results from your surveys and/or other measurement methods (surveys, checklists, observation, success stories, etc.) Please reflect on, and share your thoughts on following:**

**MAKING A DIFFERENCE**
How did you measure the impact of your program and the positive difference it made for your participants?

**REPORTED POSSITIVE CHANGE**
Based on the measurement method(s) that you used, how many participants in your program reported
an increase in knowledge, wellness, empowerment, understanding or resiliency as a result of your program?

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**REPORTED NO IMPACT/CHANGE**

Sometimes an indication of no change/impact gives us hints for necessary program improvements/changes.
There is a lot of value in learning what didn't work as well for our programs and its participants, for a number of different reasons.
Providing this information to us will not negatively affect future grant applications.

How many participants reported that they had no change/impact as a result of your program?

**MEASURING IMPACT**

What surprised you about the information that was gathered from your measurement tools?
What did you learn about your program and its overall impact on your participants?

If you did not use a measurement method for your program, please explain why below.

If you were provided some FCSS surveys to be used with your program, please comment on the use of these surveys
and how you felt they worked with your program. (If you did not receive these surveys, please skip this question)

**STORIES OF CHANGE**

Stories of change can come from a number of sources, surveys, personal conversations with participants, program facilitator observations, etc. These stories help us (FCSS) to illustrate how our funding has helped create positive change for the participants of our funded programs; which in turn, helps to secure funding for future supports. We invite you to share these special stories with us.

Please share with us a story (or stories) of how your program has made a positive difference for your participants.
Please do not to include personal information about your clients.

**CELEBRATING SUCCESS AND ENHANCING FUTURE PROGRAMMING**

WHAT WERE SOME OF THE SUCCESSES OF YOUR PROGRAM?

WHAT THINGS WOULD YOU CHANGE FOR NEXT TIME?

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**PROGRAM/PROJECT/EVENT EXPENSES**

**PLEASE NOTE:** Categories in the proposed budget and actual budget may not always be the same depending on what actually occurs; i.e.: an advertising expense is planned for in the proposed budget but then no advertising costs were incurred, so no category is required to be listed in the actual budget.

Proposed budget must balance: proposed expenses must equal the total proposed revenue. The amount of this FCSS grant request must be included in the proposed revenue amounts.

For clarification of the following expense and revenue sections, please do not hesitate to call Peggy at 780.681.3929.

| PROPOSED BUDGET (Amount on your Grant Application) | | ACTUAL BUDGET (Amount you actually spent on program/project/event) | |
|---|---|---|---|
| **PROPOSED EXPENDITURES** | **AMOUNT** | **ACTUAL EXPENDITURES** | **AMOUNT** |
| **CATEGORIES TO CONSIDER** | *Provide all proposed expenditure amounts* | **ACTUAL CATEGORIES** *(May differ from proposed)* | *Provide all actual expenditure amounts* |
| **Personnel** All wages and salary | | | |
| **Administration** Insurance, bank charges, office supplies, auditor, etc. | | | |
| | | | |
| | | | |
| **Advertising** | | | |
| **Travel / Training** No mileage fees | | | |
| | | | |
| | | | |
| **Materials / Supplies** | | | |
| | | | |
| | | | |
| **Facility Costs** Rent, utilities, etc. | | | |
| | | | |
| | | | |
| **Computer / Monitor / Software** | | | |
| | | | |
| | | | |
| Other | | | |
| | | | |
| | | | |
| **TOTAL PROPOSED EXPENDITURES** (Must = Proposed Revenue) | | **TOTAL ACTUAL EXPENDITURES** | |

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**PROGRAM/PROJECT REVENUES**

| PROPOSED REVENUE (From your Grant Application) | | ACTUAL REVENUE (All revenue sources that contributed to this program/project/event) | |
|---|---|---|---|
| **PROPOSED REVENUE SOURCES** | **AMOUNT** | **ACTUAL REVENUE SOURCES** | **AMOUNT** |
| *Revenue – Individually list all anticipated revenue sources below* | *Provide all proposed revenue amounts* | *Revenue – Individually list all actual revenue sources below* | *Provide all actual revenue amounts* |
| **MDLSR FCSS Grant** | | **MDLSR FCSS Grant** | |
| **Other Grants** | | | |
| | | | |
| | | | |
| **Program Income** User fees | | | |
| | | | |
| | | | |
| **Donations** | | | |
| | | | |
| | | | |
| **Other Revenue** | | | |
| | | | |
| | | | |
| | | | |
| **TOTAL PROPOSED REVENUE** (Must = Proposed Revenue) | | **TOTAL ACTUAL REVENUE** | |

**SUMMARY REPORT COMPLETED BY**

NAME POSITION DATE

SIGNATURE    REPORTED TO

Thank you for completing this Summary Report. You may submit an electronic copy of this report to peggy@mdlsr.ca. Alternately, you may return the report in person, or can mail it to one of the MD administrative offices indicated below.

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