

FCSS Administered by Town of Onoway

Year End Summary Report

Indirect Program

Program Name: Children's Programming

Date: 20\_\_

Primary **Target** Population  
Children

Total # of \_\_\_\_\_ Participants served in a year: \_\_\_\_\_

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

# of volunteers: \_\_\_\_\_ # of volunteer hours: \_\_\_\_\_

Outcome Statement	Measure:	Measures Bank Number:	Alignment with FCSS Outcomes Model: Chart of Outcomes and Indicators:	Data [from each measure] to report after you survey	Strategic Direction
Children develop positive identities	As a result of [insert name] I feel good about myself.	PM6/10	<b>INDIVIDUAL OUTCOME 3</b> <i>Children develop positively.</i> <b>Indicator: Positive Identities</b> <b>DA# 38 Self Esteem</b>	<b>Total # of Children:</b> # completing the tool: # completing measure: # experiencing a positive change: % of positive change	SD1 help people to develop independence, strengthen coping skills and become more resistant to crisis
Children feel a sense of belonging to their community	This program has helped me to feel like I belong in my neighbourhood/community.	PM1/PM4	<b>INDIVIDUAL OUTCOME 3</b> <i>Children develop positively.</i> <b>Indicator: Support</b> <b>DA # 4 Caring Neighbourhoods</b>	<b>Total # of Children:</b> # completing the tool: # completing measure: # experiencing a positive change: % of positive change:	SD3 help people to develop interpersonal and group skills which enhance constructive relationships among people
Children get along better with others	I get along with others	PM5/PM10	<b>INDIVIDUAL OUTCOME 3</b> <i>Children develop positively.</i> <b>Indicator: Social Competencies</b> <b>DA # 33 Interpersonal skills</b>	<b>Total # of Children:</b> # completing the tool: # completing measure:	SD3 help people to develop interpersonal and group skills which enhance constructive relationships among

			# experiencing a positive change: <b>people</b>
			% of positive change
<b>Additional Information</b>			
<b>Identify Measurement Tool(s) Used:</b>	Survey	<b>When Measurement Tool(s) Used:</b>	Post-Only : After Activities
<b>Continuous Quality Improvement:</b>			
After analyzing the information, should we continue with this program? Why or why not?	Describe Changes to be made (if any):	Describe the Successes of the program	

<b>ACTUAL BUDGET</b>		
<b>REVENUE:</b>		
FCSS Grant Funding	\$	
Other Funding Sources	\$	
	\$	
	\$	
Total Revenue:		\$
<b>EXPENDITURES:</b>		
Program/Project Materials	\$	
Speaker/Presenter Expenses	\$	
Advertising/Promotions	\$	
Telephone/Postage/copying	\$	
Facility Rentals	\$	
Other Costs: Nutritional expenses	\$	
Administration/Coordination	\$	
Program Coordinator & Rev Canada Remit <i>[if applicable]</i>	\$	
		\$
Total Expenditures		\$
Surplus (Deficit)		

Should there be any <b>unexpended</b> FCSS Grant funds, Please complete this section:	
What occurred that resulted in funds not being expended?	
What plans do you have for the unexpended funds?	
What timeline will be required to expend the funds?	

<p><b>I acknowledge that</b> the information contained within this Year End Summary Report accurately depicts the activities and results of this program/project. I understand that I may be requested to make a final presentation on this program/project.</p>		
_____	_____	_____
Print Name	Authorized Signature	Date

<b>FOR Office USE ONLY:</b>		
Date Received:	<input type="checkbox"/> By Mail <input type="checkbox"/> By Email <input type="checkbox"/> Hand Delivered	Future Recommendations:  Other Notes:

**SUBMIT COMPLETED YEAR END SUMMARY REPORT TO:**

Please:

1. Submit one original signed copy of the Year End Summary Report (via mail or drop-off at the office)

**Town of Onoway**

**Shelley Vaughan**

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**Email: [shelley@onoway.ca](mailto:shelley@onoway.ca)**

The deadline for submitting this Year End Summary Report is ***January 31, 20***\_\_\_\_\_