

<p><i>FCSS Administered by Town of Onoway</i></p> <p>FCSS Year End Summary Report</p>	<p>Indirect Program</p>
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<p>Program Name: Connecting and Engaging Community</p>	<p>Date: 20__</p>
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<p>Primary Target Population Community Members</p>	<p>Total # of _____ Participants served in a year: _____</p>
<p>Volunteer involvement related to this program only: (if applicable)</p>	<p># of volunteers: _____ # of volunteer hours: _____</p>

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
Community members feel welcome in their community	[Insert name] helped me to feel welcome in my neighborhood/community.	PM6	COMMUNITY OUTCOME 1 <i>The community is connected and engaged..</i> Indicator: Social Engagement	<p>Total # of Community members:</p> <p># completing the tool:</p> <p># completing measure:</p> <p># experiencing a positive change:</p> <p>% of positive change</p>	SD5 provide supports that help sustain people as active participants in the community
Community members feel a sense of belonging to their community	This program has helped me to feel a sense of belonging in my neighbourhood/community.	PM4	INDIVIDUAL OUTCOME 2 <i>Individuals are connected with others.</i> Indicator: Trust and Belonging	<p>Total # of Community members:</p> <p># completing the tool:</p> <p># completing measure:</p> <p># experiencing a positive change:</p> <p>% of positive change:</p>	SD3 help people to develop interpersonal and group skills which enhance constructive relationships among people
Community members feel connected to the people in their community	[Insert name] has helped me to feel more connected to the people in my neighborhood/community.		COMMUNITY OUTCOME 1 <i>The community is connected and engaged.</i> Indicator: Social Engagement	<p>Total # of Community members:</p> <p># completing the tool:</p> <p># completing measure:</p> <p># experiencing a positive change:</p> <p>% of positive change</p>	SD3 help people to develop interpersonal and group skills which enhance constructive relationships among people

Identify Measurement Tool(s) Used: Survey	When Measurement Tool(s) Used: Post-Only : After Activities	
Continuous Quality Improvement:		
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

ACTUAL BUDGET		
REVENUE:		
FCSS Grant Funding	\$	
Other Funding Sources	\$	
	\$	
	\$	
Total Revenue:		\$
EXPENDITURES:		
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 **unexpended 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?	

I acknowledge that 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.

_____	_____	_____
Print Name	Authorized Signature	Date

FOR Office USE ONLY:

Date Received:	<input type="checkbox"/> By Mail <input type="checkbox"/> By Email <input type="checkbox"/> Hand Delivered	Future Recommendations: Other Notes:
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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 Contact: Shelley Vaughan Email: shelley@onoway.ca Phone:780-967-5338

The deadline for submitting this Year End Summary Report is **January 31, 20_____** *(of the following year)*