

FCSS Administered by Town of Onoway

FCSS Year End Summary Report

Indirect Program

Program Name: Connecting and Engaging Community

Date: 20__

Primary Target Population
Community Members

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
Senior members feel welcome in their community	I know more about how to access the community resources I need.	PM6	COMMUNITY OUTCOME 1 <i>Senior is connected and engaged..</i> <i>Indicator: Social Engagement</i>	Total # of Senior members: # completing the tool: # completing measure: # experiencing a positive change: % of positive change	SD5 provide supports that help sustain people as active seniors in the community
Senior members feel a sense of belonging to their community	I know more people I can rely on.	PM4	INDIVIDUAL OUTCOME 2 <i>Seniors are connected with others.</i> <i>Indicator: Trust and Belonging</i>	Total # of Seniors members: # 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
Senior members feel connected to the people in their community	I know more about how to plan my future.		COMMUNITY OUTCOME 1 <i>The senior is connected and informed.</i> <i>Indicator: Social Engagement</i>	Total # of Senior members: # 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

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?	

<p>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.</p>		
_____	_____	_____
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:

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)*