

Family and Community Support Services (FCSS)

Report Form: _____ Year

A. Identify the time period for this report:

January to June _____	July to December _____	Annual _____ January to December	Other:
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B. Which Municipality did you receive FCSS funding from?

(check one or all that apply)

County of Vermilion River	<input type="checkbox"/>	Town of Vermilion	<input type="checkbox"/>
Village of Dewberry	<input type="checkbox"/>	Village of Kitscoty	<input type="checkbox"/>
Village of Marwayne	<input type="checkbox"/>	Village of Paradise Valley	<input type="checkbox"/>

**Please check your FCSS Funding Agreement (if applicable) for all reporting requirements and deadlines. FCSS has the right to withhold funding or delay future funding until this completed form is submitted. Please notify the FCSS contact person if you cannot meet the reporting timelines.*

1. Name of Project/Program: _____

2. Name of Agency/Group operating the project: _____

Contact Person: _____

Phone: _____

Email Address: _____

Mailing Address: _____

3. Amount of FCSS Funding Received: _____

4. Were all funds expended in line with the original funding application? YES NO (circle one)

NOTE: FCSS funds provided may be reclaimed if the changes made were very different from the original funding application.

If no, please state what changes were made to the program (attach more sheets if necessary):

5. Are there any unexpended FCSS funds at the end of your project or term?

YES NO (circle one)

If yes, what is the amount? _____

Can these funds be used in the next calendar year for the same project/program?

YES NO (circle one)

Please provide any other details: _____

Primary Issues Addressed: _____

6. Target group, clients served: (combined total must be 100%)

Children/youth (birth to age 18) _____ (If a children's project, put 100% here)

Families _____

Adults _____

Seniors (age 65+) _____

Other Groups: Newcomers _____ Men _____ Women _____

Other: _____

FCSS Strategic Direction for Outcomes: Which one(s) are you reporting on?

SD1. Help people to develop independence, strengthen coping skills and become more resistant to crisis

SD2. Help people to develop an awareness of social needs

SD3. Help people to develop interpersonal and group skills which enhance constructive relationships

SD4. Help people and communities to assume responsibility for decisions and actions which affect them

SD5. Provide supports that help sustain people as active participants in the community

Outcome Measures:

7. Strategic Direction for Outcome #1: _____ (from above list)

8. Short term Outcome #1 reporting on: _____

9. Outcome #1 Success Indicator(s): _____

10. Outcome #1 Data Collection Question/Statement: _____

11. Outcome #1 Data Collection Method Used: (check off):

- | | | | |
|----------------------------------|-------|----------------------|-------|
| Before your activities | _____ | Questionnaire | _____ |
| After your activities | _____ | Survey | _____ |
| Both before and after activities | _____ | Checklist | _____ |
| Other: _____ | | Observation | _____ |
| | | Interview | _____ |
| | | Documentation Review | _____ |
| | | Focus Group | _____ |
| | | Other: _____ | |

12. Outputs: Identify who you served for Outcome #1

Numbers Required	County	Town	Villages	Totals
Participants				
Participants completing measurement tool (ie. survey)				
Total number of participants experiencing positive change				
Percentage of positive change				
<i>Error if <u>two</u> sample numbers do not add up to the total sample size</i>				

13. FCSS Strategic Direction for Outcome #2 (refer to page 2): _____

14. Short Term Outcome #2 reporting on: _____

15. Outcome #2 Success Indicator(s): _____

16. Outcome #2 Data Collection Question/Statement: _____

17. Outcome #2 Data Collection Method Used: (check off):

- | | | | |
|----------------------------------|-------|----------------------|-------|
| Before your activities | _____ | Questionnaire | _____ |
| After your activities | _____ | Survey | _____ |
| Both before and after activities | _____ | Checklist | _____ |
| Other: _____ | | Observation | _____ |
| | | Interview | _____ |
| | | Documentation Review | _____ |
| | | Focus Group | _____ |
| | | Other: _____ | |

18. Outputs: Identify who you served for Outcome #2 (estimate if necessary)

Numbers Required	County	Town	Villages	Totals
Participants				
Participants completing measurement tool (ie. survey)				
Total number of participants experiencing positive change				
Percentage of positive change				
<i>Error if <u>two</u> sample numbers do not add up to the total sample size</i>				

19. FCSS Strategic Direction for Outcome #3 (refer to page 2): _____

20. Reporting on short term Outcome #3: _____

21. Outcome #3 Success indicator(s): _____

22. Outcome #3 Data Collection Question/Statement: _____

23. Outcome #3 Data Collection Method Used: (check off)

- | | | | |
|----------------------------------|-------|----------------------|-------|
| Before your activities | _____ | Questionnaire | _____ |
| After your activities | _____ | Survey | _____ |
| Both before and after activities | _____ | Checklist | _____ |
| Other: _____ | | Observation | _____ |
| | | Interview | _____ |
| | | Documentation Review | _____ |
| | | Focus Group | _____ |
| | | Other: _____ | |

24. Outputs: Identify who you served for Outcome #3 (estimate if necessary)

Numbers Required	County	Town	Villages	Totals
Participants				
Participants completing measurement tool (ie. survey)				
Total number of participants experiencing positive change				
Percentage of positive change				
<i>Error if two sample numbers do not add up to the total sample size</i>				

25. Success stories: Please add or attach testimonials or brief stories about the impact your project/program has had on your clients or participants. _____

26. Successes: _____

27. Observations: _____

28. Continuous Quality Improvement: (changes to make) _____

29. Will you continue the program/project: (circle) YES NO

Why or Why not?(include supporting details) _____

30. Where does this program or project or program fit in the FCSS Provincial Outcomes Model?

Children/youth (birth to age 18)	Families	Adults	Seniors (age 65+)	Other:
Outcome # ____	Outcome # ____	Outcome # ____	Outcome # ____	Outcome # ____

31. *Please attach a financial statement to verify funds received and expended.*

32. Declaration:

I/We, the undersigned, hereby certify that this report contains a full and accurate account of all matter stated therein.

 Print Name/Position

Date: _____

 Signature

 Print Name/Position

Date: _____

 Signature

Forward completed form to the designated FCSS contact/municipality you received your funding from. Thank you for your cooperation. Your information is required to complete the provincial FCSS reports.