



# Drayton Valley & District Family and Community Support Services

## FCSS Final Report

Please find enclosed a Final Reporting Form for Drayton Valley & District FCSS. This report is a requirement of FCSS funding and is an important part of evaluating for continuous improvement of the preventative social services we provide to Drayton Valley. It is also a prerequisite for the approval for future funding.

The purpose of the final report is to provide a detailed account of what you accomplished and how. It should show what the impact of your program/project has had on the community. It is also an opportunity for service providers to reflect on their experiences so that they may apply their findings to future programs/projects.

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Due Dates: Operational Grants – January 30 of the following year  
Special Project Grants – 30 days after completion of project

If you have any questions or concerns regarding this application, please do not hesitate to contact me at 514-2204.

Lola McGhie  
FCSS Coordinator

**Final Reports must be returned to:**  
Drayton Valley and District FCSS  
Box 6387  
Drayton Valley, AB.  
T7A 1A1

**Drayton Valley & District  
Family & Community Support Services  
Grant Evaluation & Final Reporting Form**

**Name of Funded Agency:** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

**Project Timelines:** \_\_\_\_\_

<b>Revenue</b>	
FCSS contribution	\$ _____
Organization's contribution	\$ _____
<b>Expenditures</b>	
FCSS Eligible Expenditures (Actual amount as approved in application)	\$ _____
<i>Other Expenditures</i>	\$ _____
Revenue minus eligible expenditures	\$ _____
<b>Surplus/(Deficit)</b>	\$ _____

**\* Please attach a full financial statement of revenues and expenditures.**

Due Dates: Operational Grants – January 30 of the year following the funding year  
Special Projects – 30 days after completion of project

**Describe the program/project and discuss how it addressed the need identified in the community as described in your grant application.**

<b>SUPPORTING STATISTICS AND COMMUNITY INVOLVEMENT</b>	
<b>Direct Programs Offered</b>	<b>Participant Numbers</b>
<b>Community Education and Awareness</b>	<b>Population Reached</b>
<b>Volunteerism</b>	<b>Participating Number</b>
<b>Staff Development</b>	<b>Staff Involved</b>
<b>Geographical Area Served</b>	

<b>Describe how your program/project has achieved one or more of the following:</b>	
Helped people to develop independence, strengthen coping skills and become more resilient	
Helped people become aware of social needs	
Helped people develop interpersonal and group skills which enhance constructive relationships among people	
Helped people and communities to assume responsibility for decisions and actions which affect them	
Provided support that helps sustain people as active participants in the community	

**Did you reach the intended population that you hoped the program/project would serve? Did the target group change or expand?**

**What impact did the program/project have on those it served? What impact did the program/project have on the community? How do you know?**

**What worked well and what didn't work well during your program/project? Were there any unexpected successes or challenges? How do you know?**

**While reflecting on your application did you meet the goals and outcomes that were identified? Describe how you measured the extent to which you achieved your goals.**

**Based on your evaluation findings, what changes would you make to the program/project?**

**Were positive community partnerships formed as a result of this program/project? How will this help to sustain your program/project in the future? Please describe.**

As a program which is funded by a joint municipal and provincial government agreement, Drayton Valley & District FCSS endeavors to make the public aware of programs and events we have supported throughout the year. Please enclose copies of awareness and promotion items.

Enclosures:

- Promotional / awareness items
- Photographs of events / projects

**Waiver:**

I give permission to Drayton Valley and District Family and Community Support Services to use any photographs of projects or events that I have submitted for the promotion or evaluation of the services that Drayton Valley and District Family and Community Support Services provides.

**Name and title of the officer authorized by the organization:**

**Telephone:**

**Fax:**

**E-mail:**

**Signature of Authorized Officer:**

**Date:**