**2024 Family and Community Support Services (FCSS) Lloydminster Grant Final Report**

Please find enclosed the 2024 FCSS Grant Final Report form. 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 Lloydminster. 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 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.

Only include information relevant to program funded through FCSS and only complete the sections relevant to your FCSS funded program.

If you have any questions or concerns regarding this report, please do not hesitate to contact us at 780-875-6184 ext. 2909 or ext. 2919

Final Reports must be emailed to fcss@lloydminster.ca, mailed or dropped-off to:

City Hall

Attn: FCSS Lloydminster

4420 50 Avenue

T9V 0W2

The deadline for submission is Friday, January 17, 2025 by 11:59 pm

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| Organization Operating Name  |  |
| Program Title  |  |
| Funding Amount Received |  |

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| 1. Objective –Did your program achieve the intended change or impact? |
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| 2. Program Volunteerism  |
| How many volunteers contributed directly to your program?  |  |
| How many volunteer hours in total were involved in this program?  |  |

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| 3. Alignment with FCSS Model |
| To answer the following questions, use the FCSS Measures Bank or the FCSS Children & Youth Measures Bank document and open the tab “Model”.  |

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| 3a. What group did your program improve the social well-being of? *Only check one and fill out the following questions in the same column.* |
| Children and Youth[ ]  | Individuals[ ]  | Families[ ]  | Community[ ]  |
| 3a. What FCSS model outcome did your program support? *Only select one from the same column as the previous question.* |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 3c. What FCSS model indicator or asset did your program support? *Only select one from the same column as the previous questions.* |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 3d. What Strategic Direction (SD) did your program support?  |
| Choose an item. |

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| 4. FCSS Measure |
| To answer the following questions, use the FCSS Measures Bank or the FCSS Children & Youth Measures Bank document and open the tab associated to the FCSS model indicator or asset that you have identified at the question 3c. |

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| 4a. Identify the FCSS Measures Bank number and measure statement (i.e. survey question) used.  |
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| 4b. Outcome/data Collection Method – When did you survey your participants?  |
| Choose an item. |

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| 4c. What scale was used?  |
| Choose an item. |

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| 4d. Target Participants |
| Indicate the total number of program unique participants next the appropriate target population category.  | Infants/Toddlers (0-3 years) |  |
| Preschoolers (4-5 years) |  |
| Children (6-11 years) |  |
| Youth (12-18 years) |  |
| Adults (19-64 years) |  |
| Seniors (65+ years) |  |
| Family (Unit)  |  |
| Community Members (all ages) |  |
| Provide a detailed explanation of the participation. Examples: • 20 children (6-11 years old) 5 times a week for 8 weeks• two community information sessions were held – 53 attendees at the first one and 49 at the second one• one school-wide presentation for 600 children (6-11 years old) |
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| Total number of participants answering the FCSS measure statement (i.e. survey question). |  |
| Total numbers of participants experiencing positive change. |  |

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| Additional Outcome (if applicable) |
| Funded agencies are only required to report one FCSS Outcome; however, if you have a second one please fill out questions 5 and 6. If you are reporting only one FCSS Outcome, please go to question 7.  |

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| 5. Alignment with FCSS Model  |
| To answer the following questions, use the FCSS Measures Bank or the FCSS Children & Youth Measures Bank document and open the tab “Model”.  |

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| 5a. What group did your program improve the social well-being of? *Only check one and fill out the following questions in the same column.* |
| Children and Youth[ ]  | Individuals[ ]  | Families[ ]  | Community[ ]  |
| 5b. What FCSS model outcome did your program support? *Only select one from the same column as the previous question.* |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 5c. What FCSS model indicator or asset did your program support? *Only select one from the same column as the previous questions.* |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 5d. What Strategic Direction (SD) did your program support? |
| Choose an item. |

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| 6. FCSS Measure |
| To answer the following questions, use the FCSS Measures Bank or the FCSS Children & Youth Measures Bank document and open the tab associated to the FCSS model indicator or asset that you have identified at the question 5c. |

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| 6a. Identify the FCSS Measure Bank number and measure statement (i.e. survey question) used.  |
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| 6b. Outcome/data Collection Method - When did you survey your participants?  |
| Choose an item. |

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| 6c. What scale was used?  |
| Choose an item. |

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| 6d. Target Participants |
| Indicate the total number of program unique participants next the appropriate target population category.  | Infants/Toddlers (0-3 years) |  |
| Preschoolers (4-5 years) |  |
| Children (6-11 years) |  |
| Youth (12-18 years) |  |
| Adults (19-64 years) |  |
| Seniors (65+ years) |  |
| Family (Unit)  |  |
| Community Members (all ages) |  |
| Provide a detailed explanation of the participation.Examples: * *20 children (6-11 years old) 5 times a week for 8 weeks*
* *two community information sessions were held – 53 attendees at the first one and 49 at the second one*
* *one school-wide presentation for 600 children (6-11 years old)*
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| Total number of participants answering the FCSS measure statement (i.e. survey question). |  |
| Total number of surveyed participants experiencing positive change. |  |

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| 7. Success – Describe the program success and how it has impacted the targeted participants.  |
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| 8. **Include additional comments the review committee should be aware of.** Consider including lessons learned, challenges, improvements, anecdotes, positive or negative stories, etc. |
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| 9. Program Financial Report |
| Organization Operating Name |  |
| Program Title  |  |
| FCSS Grant Funding Received (Revenue) | $ |
| Expenditures. Provide an itemized list of eligible expenses for FCSS funding and include relevant details such as: * *Salary - 3 part-time (25h/week) employees*
* *Materials – 300 brochures*
* *Contracted fees – graphic designer*
* *Database subscription*
* *Other*
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|   | $ |
|   | $ |
|   | $ |
|   | $ |
|   | $ |
|   | $ |
|   | $ |
|   | $ |
| Total Expenditures | $ |
| Revenue – Expenditures = Total | $ |

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| Required for Submission |

Please attach the following to your report:

1. A copy of your program survey. [ ]
2. Physical or electronic copies of awareness and promotion items. [ ]
3. Electronic copies of photographs of events and activities. [ ]

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| Submitted by Authorized Officers of the Organization |
| Name |  | Name |  |
| Title/Position |  | Title/Position |  |
| Signature |  | Signature |  |
| Date |  | Date |  |