



# County of Wetaskiwin FCSS Grant Evaluation Form

Date of Application \_\_\_\_\_  
(YYYY/MM/DD)

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Project Completion Date: \_\_\_\_\_ Total County FCSS Grant Received: \_\_\_\_\_

## EVALUATION

**1. Please indicate the degree to which your project achieved the following FCSS outcomes (Note: not all outcomes may be applicable to your project):**

**a) This project helped participants develop independence, strengthen coping skills and enhance their resiliency to crisis (please check):**

	Strongly Agree		Somewhat Agree		Agree		Somewhat Disagree		Disagree		Not Applicable
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**b) This project helped participants develop interpersonal and group skills to promote constructive relationships:**

	Strongly Agree		Somewhat Agree		Agree		Somewhat Disagree		Disagree		Not Applicable
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**c) This project supported the community's ability to assume responsibility for decisions and actions which affect them:**

	Strongly Agree		Somewhat Agree		Agree		Somewhat Disagree		Disagree		Not Applicable
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**d) This project promoted, encouraged and supported volunteer work in the community:**

	Strongly Agree		Somewhat Agree		Agree		Somewhat Disagree		Disagree		Not Applicable
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**e) This project provided services that built awareness about social issues and/or available resources to help deal with social issues:**

	Strongly Agree		Somewhat Agree		Agree		Somewhat Disagree		Disagree		Not Applicable
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**f) This project met the Community Need identified in the grant application:**

	Strongly Agree		Somewhat Agree		Agree		Somewhat Disagree		Disagree		Not Applicable
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**g) Did your project meet your organization’s own objectives as outlined in your FCSS Grant Application?**

	Strongly Agree		Somewhat Agree		Agree		Somewhat Disagree		Disagree		Not Applicable
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**2. Please provide us with your outcome statement for your program.**

**3. Please identify the indicators of success for your outcomes. (Example: parenting teens program may identify the following as indicators of success; knowledge of positive parenting, positive family communication, positive family relationships and ways to deal with stress.)**

**4. Volunteers**

If your project used volunteers, please answer the following questions:

a) Number of volunteers involved with the project: \_\_\_\_\_

b) Number of volunteer hours involved with project: \_\_\_\_\_

c) How dependent was your project on the use of volunteers?

	Very Dependent		Dependent		Moderately		Not Dependent		Not Applicable
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**5. Target Audience/Population**

a) Please indicate the number of participants that benefited from the project:

Youth \_\_\_\_\_ Seniors \_\_\_\_\_ Families \_\_\_\_\_ Adults \_\_\_\_\_

b) Please indicate the number of County residents that benefited from the project:

Youth \_\_\_\_\_ Seniors \_\_\_\_\_ Families \_\_\_\_\_ Adults \_\_\_\_\_

c) The number of items the program has referred and/or provide information, to an individual or family about available programs and/or services provided by other organizations and services in the community.

6. Please indicate how your organization acknowledged the County of Wetaskiwin FCSS funding for your project (example: signage at event, thank you in program brochure, etc.)

7. Did your organization evaluate or measure the success of your project?

Yes \_\_\_ No \_\_\_

b) If yes, please describe how you measured or evaluated your project: (example: survey, feedback forms, etc.) If possible, please provide a sample copy of any evaluation tools used.

c) When was your measurement tool used?  
(Example: after or during the program)

d) Please provide information on the data analysis used in measuring your outcomes.

a) Number of participants completing measurement tool. \_\_\_\_\_

b) Number of participants experiencing positive change. \_\_\_\_\_

8. Please use the scale below to indicate the degree of importance the County's FCSS Grant funding was to the success of your project (please circle):

Very Important      5      4      3      2      1      0      Not Important

9. Does your organization intend on applying for future FCSS funding?

Yes       No

\_\_\_\_\_  
Signature of Organization Representative

\_\_\_\_\_  
Date

**Office Use Only**

Date Received

Grant Category

Family/Adult    Children/Youth    Seniors    Community Devel.

Accompanied by

Budget Report

Yes      No

Signature