County of Wetaskiwin No. 10
FCSS Community Grant Evaluation Form

REPORTING INSTRUCTIONS & CHECKLIST

Complete this form for the program/project that received County of Wetaskiwin FCSS funding. Report on what was delivered, who participated, what changed, how results were measured, and how all project funds were spent. Attach supporting documents where available. Submit the completed Evaluation and Final Budget Report no later than 45 days after the stated project completion date.

☐ All sections of this form are complete.

☐ Actual participation and activity totals are included.

☐ Outcomes are supported by the measurement methods identified in the application.

☐ Final budget includes all revenue, in-kind contributions, and actual expenses.

☐ Copies of receipts, invoices, or other financial records are attached or available upon request.

☐ Any unused FCSS funding is identified and will be returned to the County of Wetaskiwin.

☐ FCSS and County of Wetaskiwin funding recognition is described or attached.

Was this your organization's first FCSS application? ☐ **No** ☐ **Yes**

ORGANIZATION/CONTACT INFORMATION

Organization Name:				
Organization Address:				
Contact Person:				
Position:				
Contact E-mail:			Phone #:	
Are you a Non-Profit Organization:	☐ No	☐ Yes	Registration Number	

DECLARATION

I declare that the information provided in this evaluation form is true and accurate to the best of my knowledge. I confirm that the FCSS grant funding was used for the approved program or project and that any unused funding will be returned to the County of Wetaskiwin.

Authorized Representative (Print Name):	
Authorized Signature (Signature):	
Date:	

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PROGRAM SUMMARY

Program/Project Name:			
Program/Project Start Date:		Completion Date	
Total Project Cost:	$	Grant Amount Received:	$

If applicable select the program type for your project: ☐ N/A

Mental Health Promotion
☐ Support Psychoeducational Groups ☐ Counselling Services ☐ Awareness & Education Programs☐ Home Support ☐ At Home Supports ☐ Meal/Food Delivery

Child Development & Caregiver Support
☐ Parenting Family Caregiver Programs ☐ Early Childhood Development, Preschool & Play Groups
☐ School-Aged Camps & Drop-In Programs ☐ Camps ☐ Drop-In Programs

Skill Building Programs
☐ General Life Skills ☐ Employability Skills ☐ Financial Literacy ☐ Mentorship & Leadership Programs
☐ Healthy Relationship Programs ☐ Family, Gender-Based or Age-Based Violence Prevention ☐ School-Aged Healthy Relationship Programs

Community Outreach Programming
☐ Community Workers ☐ Outreach Workers ☐ Outreach Centers and Programs ☐ Family School Liaison Workers ☐ System Navigation and Other Support Services ☐ Group-Based Social Connection & Social Well-Being Programming

Which age group did your program or project primarily serve?
☐ All ages ☐ Children (<12) ☐ Youth (12–17) ☐ Adults ☐ Seniors

Indicate the number of participants that benefited from the project:
☐ Families_____ ☐ Children (<12) _____ ☐ Youth (12–17)_____ ☐ Adults_____ ☐ Seniors_____

Indicate the number of County residents that benefited from the project: Indicate the number of participants that benefited from the project:
☐ Families_____ ☐ Children (<12) _____ ☐ Youth (12–17)_____ ☐ Adults_____ ☐ Seniors_____

Which community group(s) did your program or project primarily serve?
☐ General Population ☐ Indigenous Newcomers ☐ Persons with Disabilities ☐ Women/Girls ☐ Men/Boys
☐ 2SLGBTQQIA+ ☐ Racialized ☐ Language Minority

If your project required volunteers please answer the following:
Number of Volunteers involved:_____ Number of Volunteer hours involved:_____

Would you say that your project was strongly dependent on the use of volunteers?
☐ Strongly Agree ☐ Somewhat Agree ☐ Neither Agree or Disagree ☐ Somewhat Disagree ☐ Strongly Disagree

PROGRAM SUMMARY CON'T

Program Details:

Describe the program or event as it was delivered. Include the community need it addressed, its purpose, the activities provided, the intended target population, and the number of participants served. Note any changes made to the original plan.

Program Outcomes

Describe the program's results and benefits for participants or the community, including activities delivered (outputs) and changes observed (outcomes). Explain how success was measured using methods such as surveys, participant feedback, attendance records, or interviews.

Example: Output – 20 youth participated in a leadership program. Outcome – Youth reported increased confidence and leadership skills.

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1. FAMILY AND COMMUNITY SUPPORT SERVICES OBJECTIVES

Select the FCSS Objective that aligned with your proposed program/project. In the space provided, describe how your program/project supported this objective and the difference it made for participants or the community.

☐ Strengthens protective factors for individuals, families, and communities through prevention.
☐ Builds partnerships to address provincial prevention priorities.
☐ Responds to local needs and community demographics.
☐ Provides accessible and inclusive programs for all ages and life stages.
☐ Builds connected and engaged communities through participation

Please indicate to which degree your project achieved the FCSS Objective selected above:

☐ Strongly Agree ☐ Somewhat Agree ☐ Neither Agree or Disagree
☐ Somewhat Disagree ☐ Strongly Disagree

2. PROVINCIAL PREVENTION PRIORITY

Select the priority area that aligned with your proposed program/project. In the space provided briefly describe how your program/project addressed this priority area and the benefit it provided to the participants or the community.

☐ #1-Homelessness/Housing insecurity ☐ #2-Mental Health/Addictions ☐ #3-Employment
☐ #4-Family/Sexual Violence ☐ #5-Aging Well

Please indicate to which degree your project achieved the Provincial Prevention Priority selected above:

☐ Strongly Agree ☐ Somewhat Agree ☐ Neither Agree or Disagree
☐ Somewhat Disagree ☐ Strongly Disagree

3. PROVINCIAL PREVENTION STRATEGY

Select the prevention strategy that best aligned with your proposed program/project. In the space provided briefly explain how your program/project took a preventative approach by supporting individuals, families, or the community before issues become a crisis or require more intensive intervention.

☐ #1-Community Engagement ☐ #2-Foster a Sense of Belonging ☐ #3- Promote Social Inclusion
☐ #4-Healthy Relationships ☐ #5-Access to Supports ☐ #6-Resilience Building

Please indicate to which degree your project achieved the Provincial Prevention Strategy selected above:

☐ Strongly Agree ☐ Somewhat Agree ☐ Neither Agree or Disagree
☐ Somewhat Disagree ☐ Strongly Disagree

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BUDGET INFORMATION

In the space below please provide your budget details

Budget Item/Expense	Description	Total Cost ($)	FCSS Grant Funds Used ($)	Other Funding Sources/ Contribution ($)
TOTALS		$0.00	$0.00	$0.00