



County of Wetaskiwin No. 10 FCSS Grant Evaluation Form

Box 6960 Wetaskiwin, AB, T9A 2G5 (780) 352-3321 fcssadmin@county10.ca

ORGANIZATION/CONTACT INFORMATION

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. 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?

~~Dependent~~ **Very** Dependent
 Dependent
 Moderately
 Not Dependent
 Not Applicable

2. Target Audience/Population

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

Children/Teens _____ Seniors _____ Families _____ Adults _____

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

Children/Teens _____ Seniors _____ Families _____ Adults _____

OFFICE USE ONLY

Date Received	
Grant Category	Children/Teens Adult/Family Seniors Community
Accompanied by Budget Report	Yes No
Signature	

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

3. 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**

- b) This project helped participants develop interpersonal and group skills to promote constructive relationships:

Strongly Agree **Somewhat Agree** **Agree** **Somewhat Disagree** **Disagree** **Not Applicable**

- 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**

- d) This project promoted, encouraged and supported volunteer work in the community:

Strongly Agree **Somewhat Agree** **Agree** **Somewhat Disagree** **Disagree** **Not Applicable**

- 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**

- f) This project met the Community Need identified in the grant application:

Strongly Agree **Somewhat Agree** **Agree** **Somewhat Disagree** **Disagree** **Not Applicable**

g) Did your project meet your organization's own objectives as outlined in your 2013 FCSS Grant Application?

- Strongly Agree** **Somewhat Agree** **Agree** **Somewhat Disagree** **Disagree** **Not Applicable**

4. Please provide us with your outcome statement for your program.

5. 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.)

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

a) 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.

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

c) 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