

FCSS Administered by Town of Onoway
FCSS Year End Summary Report

Indirect Program

Program Name: Youth Programming

Date: 20__

Primary Target Population Youth	Total # of _____ Participants served in a year: _____
Volunteer involvement related to this program only: (if applicable)	# of volunteers: _____ # of volunteer hours: _____

Outcome Statement	Measure:	Measures Bank Number:	Alignment with FCSS Outcomes Model: Chart of Outcomes and Indicators:	Data [from each measure] to report after you survey	Strategic Direction
Children and Youth develop positive identities	As a result of [insert name] I feel good about myself.	PM6/10	INDIVIDUAL OUTCOME 3 <i>Children and youth develop positively.</i> Indicator: Positive Identities DA# 38 Self Esteem	Total # of Youth: # completing the tool: # completing measure: # experiencing a positive change: % of positive change	SD1 help people to develop independence, strengthen coping skills and become more resistant to crisis
Children and Youth feel a sense of belonging to their community	This program has helped me to feel like I belong in my neighbourhood/community.	PM1/PM4	INDIVIDUAL OUTCOME 3 <i>Children and youth develop positively.</i> Indicator: Support DA # 4 Caring Neighbourhoods	Total # of Youth: # completing the tool: # completing measure: # experiencing a positive change: % of positive change:	SD3 help people to develop interpersonal and group skills which enhance constructive relationships among people
Children & Youth get along better with others	I get along with others	PM5/PM10	INDIVIDUAL OUTCOME 3 <i>Children and youth develop positively.</i> Indicator: Social Competencies DA # 33 Interpersonal skills	Total # of Youth: # completing the tool: # completing measure: # experiencing a positive change: % of positive change	SD3 help people to develop interpersonal and group skills which enhance constructive relationships among people

Additional Information		
Identify Measurement Tool(s) Used: Survey	When Measurement Tool(s) Used: Post-Only : After Activities	
Continuous Quality Improvement:		
After analyzing the information, should we continue with this program? Why or why not?	Describe Changes to be made (if any):	Describe the Successes of the program

ACTUAL BUDGET		
REVENUE:		
Onoway Administrated Grant Funding	\$	
Lac Ste.Anne County Grant Funding	\$	
	\$	
	\$	
Total Revenue:		\$
EXPENDITURES:		
Program/Project Materials	\$	
Speaker/Presenter Expenses	\$	
Advertising/Promotions	\$	
Telephone/Postage/copying	\$	
Facility Rentals	\$	
Other Costs: Nutritional expenses	\$	
Administration/Coordination	\$	
Program Coordinator & Rev Canada Remit <i>[if applicable]</i>	\$	
		\$
Total Expenditures		\$
Surplus (Deficit)		

Should there be any unexpended FCSS Grant funds, Please complete this section:	
What occurred that resulted in funds not being expended?	

What plans do you have for the unexpended funds?	
What timeline will be required to expend the funds?	

<p>I acknowledge that the information contained within this Year End Summary Report accurately depicts the activities and results of this program/project. I understand that I may be requested to make a final presentation on this program/project.</p>		
_____	_____	_____
Print Name	Authorized Signature	Date

FOR Office USE ONLY:		
Date Received:	<input type="checkbox"/> By Mail <input type="checkbox"/> By Email <input type="checkbox"/> Hand Delivered	Future Recommendations: Other Notes:

SUBMIT COMPLETED YEAR END SUMMARY REPORT TO:	
Please:	
1. Submit one original signed copy of the Year End Summary Report (via mail or drop-off at the office)	
Town of Onoway Contact: Shelley Vaughan Email: shelley@onoway.ca Phone: 780-967-5338	
The deadline for submitting this Year End Summary Report is January 31, 20 _____ <i>(of the following year)</i>	