

VERMILION RIVER REGIONAL ALLIANCE FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS)

Progress Report Form

For the period of:

January to June (specify the year) _____

July to December (specify the year) _____

Which community or area are you reporting on? (check off)

County of Vermilion River

Town of Vermilion

Village of Dewberry

Village of Kitscoty

Village of Marwayne

Village of Paradise Valley

This Progress Report form is due within three weeks following the above term and should accompany the annual financial statement/audit (if available). FCSS has the right to withhold funding should this form be incomplete. Please notify the FCSS contact person if you cannot meet these timelines.

1. Name of Project/Program:

2. Name of Organization/Agency operating the project:

Phone: _____

Email Address: _____

Mailing Address: _____

3. Client Base:

PRIMARY CLIENT BASE:	Estimated % of Clients Served
Children/Youth (0-18)	
Families	
Adults (19-64)	
Seniors (65+)	

4. Projected Outputs - Client and volunteer numbers etc.: (actuals during this term)

	County	Vermilion	Villages	Totals
Individuals Served				
Families Served				
Volunteers				
Volunteer Hours				
Contacts made				
Project/Partnerships				
Community Initiatives				
Number of Community Initiative Participants				
Number of Groups run under Funded Project/Program				
Number of Group Participants				

5. Other Outputs: (attach information if necessary)

Please provide a brief success story resulting from this funded project in the past term.

6. What types of tools were used to evaluate outcomes and program effectiveness? What were the results? (eg. client survey results summary, client comment cards etc., attach them or give highlights)

7. Barriers to collecting Output/Outcome Information: If you were unable to collect outcome information, what are some of the barriers to collecting that information during this term? Check all that apply.

- Lack of Staff
- Changeover in staff
- Unable to identify the correct procedures to do it
- Type of service delivery is not conducive to data collection
- Other:

8. How can FCSS best support your efforts in the collection of information for this progress report?

**9. What did you learn about your program in this reporting period?
How will this impact your service delivery for the next period?**

10. Partnerships/Collaborations: Please describe how your project/program cooperated or partnered with other community groups to increase the capacity of community services.)

11. In what ways have you acknowledged the contributions from your sponsors during this term?

12. Financial

If this is a year-end report and it is required by your FCSS sponsor, please attach a financial statement or audit.

Are there any unexpended FCSS funds as of December 31st?

Yes No

If yes, what is the amount? _____

Please contact the FCSS municipality who sponsored your project/program regarding their policy on unexpended funds.

DECLARATION:

WE, THE UNDERSIGNED, HEREBY CERTIFY THAT THIS REPORT FORM CONTAINS A FULL AND ACCURATE ACCOUNT OF ALL MATTERS STATED HEREIN:

Signature ***Name/Position*** ***Date***

Signature ***Name/Position*** ***Date***

Thank you for your co-operation. You will be notified if any further information is required. If you have any questions, please call the FCSS contact in your nearest community.

Personal information on this form is collected under Alberta Freedom of Information and Protection of Privacy Act and will be used to respond to this report.