

BEISEKER & DISTRICT F.C.S.S. Project Completion Report

Name of Project: _____

Agency/Group/Organization Name: _____

Amount Received from F.C.S.S. _____

Please indicate which outcome(s) was/were met by your project/program:

Outcome#1-Prevention

Help people develop independence, strengthen coping skills and become more resistant to crisis.

Outcome#2 - Local Autonomy

Help people to develop an awareness of social needs.

Outcome# 3 - Community Development

Help people develop interpersonal and group skills which enhance constructive relationships among people.

Outcome#4 - Accountability

Help people and communities to assume responsibility for decisions and actions which affect them.

Outcome #5 - Volunteerism

Provide support that help sustain people as active participants in the community.

How many people participated in or received services from your program/project? _____

Please indicate which target group benefited from your project. If more than one group benefited, please assign a percentage to each group.

Children/Youth _____ % _____

Families _____ % _____

Adults _____ % _____

Seniors _____ % _____

How did your project involve volunteers? _____

How many volunteers were involved with your project? _____ How many volunteer hours? _____

Submitted By: _____ Date _____

Signature: _____

Project - Financial Statement -

Name of Project: _____

Agency/Group/Organization Name: _____

Revenue:

Registration Fees: _____
Organization Contribution: _____
Grants from other sources: _____
Beiseker & District F.C.S.S. funding: _____
Other (Please List): _____

Total Revenue: _____

Expenses:

Speaker Fee: _____
Rental space for project: _____
Advertising/Promotion: _____
Food: _____
Supplies: _____
Other (Please List) : _____

Total Expenses: _____
Net Gain or Loss: _____

Prepared By: _____

Signature: _____

Contact Phone #: _____ Date: _____