**GRANTS TO ORGANIZATIONS FINAL REPORT**

Upon completion of the fiscal year that the grant was applied for, the applicant must submit a final report. No grant applications will be considered from organizations that received funds in the past, but did not submit a final report. Handwritten applications and faxes will not be accepted. The final report should answer **all** of the following:

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| **Year Funded:** | |
| **Name of Organization:** | |
| **Contact Person Name:** | |
| **Telephone No (daytime):** | **Email**: |

|  |  |
| --- | --- |
| **No. of active members or program participants**: | |
| **Target Age Group** (check all that apply):  \_\_ Children/Youth  \_\_ Families  \_\_ Adults  \_\_ Seniors  \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Target Population Served:**  City of Leduc \_\_\_\_\_\_%  Leduc County \_\_\_\_\_\_%  Other (please specify): \_\_\_\_\_\_%  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **What program/service activities were completed over the past year? Be brief.** E.g. Community outreach, Family violence prevention presentations provided… |
| 1. **What outputs did your agency or organization track?** *E.g. 25 participants, 4 presentations completed, Brochure developed, etc.* |
| 1. **A) What were the outcomes or benefits as a result of your program and/or service? Share the results from this past year.** *E.g. Participants increased awareness of…* |
| **3.B) How did your organization measure its successes over the past year? What indicator was used for your outcome(s) in question 3.A?** E**.***g. 80% of participants reported improved awareness of community resources.* |
| 1. **How many volunteers were actively involved in your organization in the past year?**   **How many approximate volunteer hours?** |
| 1. **Briefly describe your organization or program/service accomplishments over the past year.** |
| 1. **Briefly describe some challenges that your organization encountered over the previous year.** |
| 1. **Now that the year is complete, how does your organization plan to sustain the work of this program in the future?** |
| 1. **Please comment on a significant partnership that aided your organization in completing its mandate over this year.** |
| 1. **Budget – Please complete the attached budget template for the funding year.**   **Use of the excel template for budget is mandatory.** |