Woodlands County

Family & Community Support Services (FCSS) Final Report



MANDATORY SECTION

Project/Program Name: ____

Registered Name of Organization/Society: _____

Date(s) of the Program/Project: _____

OUTPUTS Complete all areas that specifically apply to your program/project.

	Infants/ Toddlers 0-3 yrs	Preschoolers 3-5 yrs	Children 5-12 yrs	Youth 12-18 yrs	Adults	Families	# of Volunteers specific to the program/project (count each person only once)	# of Volunteer Hours
Anticipated #								
Actual #								

LOGIC MODEL

Statement of Need What was the community need, issue or situation you responded to? Evidence of need?	Vhat was the community need, issue or situation you esponded to?	at was the community d, issue or situation you ponded to?	community situation you ?	nunity			ommunity ituation you	was the community , issue or situation you onded to?	Vhat was leed, issu esponded	
Strategies How did you address the need/issue? Eg. Workshops, counselling, forums etc.	low did you address the need/issue? g. Workshops, counselling,	v did you address the d/issue? Workshops, counselling,						did you address the /issue? /orkshops, counselling,	low did y need/issue g. Worksł	
Strategies Was the strategy implemented as planned? What changed? How did it go?	Vas the strategy mplemented as planned? What changed?	s the strategy elemented as planned? at changed?	as planned? d?	nned?	1?	1?	s planned?	he strategy emented as planned? t changed?	Vas the st mplemen What chai	

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	MEASUREMENT TOOL					
	Identify the Measurement Tool(s) used:					
	Survey	Checklist	Interview			
	Observation	Focus Groups	Case Studies			
Other Please explain:						

When was the Measurement Tool(s) used:

□ Pre-test/post-test: both before and after your activities

Dest-Only: after activities

During your activities

Number of participants: ______ How many participants completed the measurement tool: ______

Document Review

What improvements can be made to the measurement tool/evaluation process?

STORIES

Please share a story that describes the significant impact for the participants. (Use a separate sheet of paper if required.)

BUDGET Please complete to show the actual budget for your project/program.

Revenue List items below	Amount	Source	Actual Revenue
Total Revenue			

Expenditures List items below	Amount	Source	Actual Expenditures
Total Expenditures			
Final Report Surplus/Deficit Revenue – Expenditures =	\$		

Completed by: _____