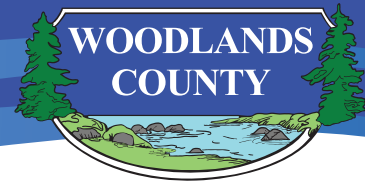


Woodlands County

Family & Community Support Services (FCSS) Final Report



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.

MANDATORY SECTION

	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?	
Strategies How did you address the need/issue? Eg. Workshops, counselling, forums etc.	
Strategies Was the strategy implemented as planned? What changed? How did it go?	

MEASUREMENT TOOL

Identify the Measurement Tool(s) used:

- Survey
- Checklist
- Interview
- Document Review
- 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
- Post-Only: after activities
- During your activities

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

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.)

Woodlands County **FCSS Final Report**

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: _____

Signature

Date