**FINAL PROJECT EVALUATION REPORT**

**Spring Cycle Grants: Due December 31, Same Year**

**Fall Grants: Due July 31, Following Year**

Evaluation is an important piece of the community granting process. Evaluating your project is not only necessary for our records but also assists us in learning more about your community, your project and how to improve the overall granting process. This process helps to ensure groups/organizations have met their intended project goals and identifies any areas for improvement or opportunities to grow the project. We will use this information to share stories and support other projects to be successful.

**PART A: WHO, WHERE & WHEN**

**Name of Organization:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**City:** Click here to enter text. **Postal Code:** Click here to enter text.

**Contact Person(s):** Click here to enter text.

**Contact Phone Number(s):** Click here to enter text.

**Contact Email(s):** Click here to enter text.

**PROJECT NAME:** Click here to enter text.

**Project Location:** Click here to enter text.

**Project Start Date:** Click here to enter text. **Project End Date:** Click here to enter text.

**Amount of grant funding received $:** Click here to enter text.

**PART B: WHAT, WHY & HOW**

**Please describe the original goals of your IMAGINE grant project as outlined in your grant application:** Click here to enter text.

**Please provide details of your project’s key outcomes and results achieved based on your initial project goals and planned activities. Provide the number of participants reached and any other important statistics:** Click here to enter text.

**What were the challenges or barriers you faced in reaching your project goals? How did you overcome or address them? *What were the lessons learned?*** Click here to enter text.

**Please describe any unexpected positive outcomes as a result of the project efforts. *What surprised you?*** Click here to enter text.

**Please identify the partnerships developed or strengthened as a result of this project:** Click here to enter text.

**What are your plans to keep this project going in your community?** Click here to enter text.

**We would LOVE to share your story! Please tell us how the IMAGINE grant has made a difference in your community:** Click here to enter text.

**PROJECT C: PROJECT BUDGET**

**You need to account for how the IMAGINE funding was spent on your project. Receipts or financial print outs must accompany this final evaluation report (photocopies are acceptable).**

|  |  |
| --- | --- |
| **1. What was the TOTAL cost of the project?**  ***(Please provide details)*** | |
| **EXPENSE** | **AMOUNT** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

|  |  |
| --- | --- |
| **2. Did you receive funding from other sources?**  ***(Example- service clubs, government agencies, NGO’s, donations, other granting funds)*** | |
| **SOURCE** | **AMOUNT** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

|  |  |
| --- | --- |
| **3. Did you receive in-kind (free) supports from other sources?**  ***(Example- volunteer hours, donated space, equipment, use of vehicles, etc.)*** | |
| **SUPPORTS** | **VALUE** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

|  |  |
| --- | --- |
| **4. How did you spend the grant funding from Northern Health on this project?**  **(Please provide details)** | |
| **BREAKDOWN** | **AMOUNT** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

**PART D: ADDITIONAL INFORMATION**

**Please share your photos with us!!!** We love to see photos of these amazing projects in action. Make sure that you have people’s permission to use their photos in your report, as we will assume that permission has been obtained before you share them with us. We would appreciate high-resolution photos attached electronically to this report or even sent in a separate email to ensure good quality for our sharing purposes. Any other links to online media, newspaper clippings, drawings or stories from project participants would also be welcomed and greatly appreciated.

Northern Health may use the information in this evaluation report and share with others. Our purpose is to inspire other communities and groups to apply for grant funding that will support community-based, health promotion and chronic disease and injury prevention projects throughout the north. You may also be contacted from a member of Northern Health’s Healthy Community Development Team or Communications Department to discuss your project with you in more detail for other sharing opportunities (NH Matters blog, newspaper, media, etc.).

Please note that your report materials become the property of Northern Health so that we can explain how and where the funds were spent and what activities were happening at the community level, as a result of the grant funding your project has received.

**CONSENT REQUIRED: Please check the box below if you agree to the above statements:**

I am providing consent for Northern Health to use this project information and any photos shared for information and promotion purposes.

Name: Click here to enter text. Date: Click here to enter text.

**PART E: SUBMITTING YOUR EVALUATION REPORT**

**When submitting this final evaluation report, please ensure that all sections are completed in full, receipts or financial statements are included and any project photos are shared. If you have any concerns, questions or need support in completing this report, please do not hesitate to contact us!**

Please send your completed reports and attachments via email, fax or mail to:

Email: [imagine.grants@northernhealth.ca](mailto:imagine.grants@northernhealth.ca)

Healthy Settings- Community Granting

Scotia Bank

1488 4th Avenue, Suite 400

Prince George, BC

V2L 4Y2

Phone: 250-565-2131

Fax: 250-612-0810

*Northern Health collects stores and shares your personal information under the authority of the Freedom of Information and Protection of Privacy Act (British Columbia). Northern Health will take all reasonable steps to make sure your personal information is treated confidentially and stored securely. If you have any questions, please contact Northern Health’s Privacy Office at 250-565-5822.*