



Final Project Evaluation Report: Fall 2020 Grants

Part A: Who, Where, and When			
Name of Organization:	Mailing Address:	City:	Postal Code:
Primary Contact Person:	Primary Contact Phone Number:	Primary Contact Email:	
Secondary Contact Person(s):	Secondary Contact Phone Number(s):	Secondary Contact Email(s):	
Project Name:		Project Start Date:	Project End Date:
Project Location: In what community (communities) does your project take place?			
Project Reach: Please estimate the number of people who will be affected by this project. (Select ONE): <input type="checkbox"/> 0 to 100 people <input type="checkbox"/> 101 to 1,000 people <input type="checkbox"/> Over 1,000 people			
Part B: What, Why, and How			
Please describe the original goals of your Northern Resilient Communities Grant project as outlined in your grant application:			
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:			
Please describe any unexpected positive outcomes as a result of the project efforts. What surprised you?			
Please identify the partnerships developed or strengthened as a result of this project:			
We would LOVE to share your story! Please tell us how the Northern Resilient Communities grant has made a difference in your community:			



Part C: Project Budget

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

TABLE 1: What was the TOTAL cost of the project? (Please provide details)

Item	Amount (\$)
TOTAL	\$

TABLE 2: Did you receive funding from other sources(Example-service clubs government agencies, NGO's, donations, other granting funds)

Item	Amount (\$)
TOTAL	



**TABLE 3: Did you receive in-kind (free) supports from other sources?
(Example- volunteer hours, donated space, equipment, use of vehicles, etc.)**

Supports	Value
TOTAL value	\$

**TABLE 4: How did you spend the grant funding from Northern Health on this project?
(Please provide details)**

Source	Amount (\$)
TOTAL	\$

**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:**Date:****Part E: Submitting your grant application**

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: healthycommunities@northernhealth.ca

Healthy Settings - Community Granting
Scotia Bank
1488 4th Avenue, Suite 400
Prince George, BC
V2L 4Y2

Phone: 250-961-0253

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.