

## Final Project Evaluation Report Due June 26, 2020

Evaluation is an important piece of the 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 that project goals are met 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 and when				
Name of School	Mailing Address:	City:	Postal Code:	
Contact Person(s):				
Contact Email(s):				
Project name		Projec	ct start date Project end date	
Amount of grant funding re	ceived \$:	_		
Part B: What, why and how				
planned activities. Provide	our project's key outcomes and result the number of participants reached a or barriers you faced in reaching your	nd any other important st	atistics:	
them? What were the lesso		project goals? How did y	ou overcome or address	
Please describe any unexp	ected positive outcomes as a result o	f the project efforts. What	surprised you?	
Please identify the partners	ships developed or strengthened as a	result of this project:		

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Part B: What, why and how		
What are your plans to keep this project going at your school?		
We would LOVE to share your story! Please tell us how the Spirit of Healthy Kids Regional Prodifference in your school:	ogram has made a	
Part C: Project budget		
You need to account for how the Spirit of Healthy Kids Regional Program Funding was spent or financial print outs must accompany this final evaluation report (photocopies are acceptable)		
1. What was the TOTAL cost of the project		
Expense	Amount	
Total		
2. Did you receive funding from other sources? (Example - service clubs, government agencies, NGO's, donations, other granting funds)		
Source	Amount	
Total		

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Part C: Project budget	
3. Did you receive in-kind (free) supports from other sources? (Example - volunteer hours, donated spaces, equipment, use of vehicles,	etc.)
Supports	Value
Total	
4. How did you spend the grant funding from the Spirit of Healthy Kids Regional Progra (Please provide details)	am on this project?
Breakdown	Amount
Total	
Part D: Additional information	
Please share your photos with us!!! We love to see photos of these amazing projects in action. Ma people's permission to use their photos in your report, as we will assume that permission has been obthem with us. We would appreciate high-resolution photos attached electronically to this report or ever to ensure good quality for our sharing purposes. Any other links to online media, newspaper clippings project participants would also be welcomed and greatly appreciated.	otained before you share n sent in a separate email
Program Partners (Prince George Cougars, Spirit of the North Healthcare Foundation, Northern Health the information in this evaluation report and share with others. Our purpose is to inspire other community for grant funding that will support community-based, health promotion and chronic disease and injury throughout the north. You may also be contacted from a member of the program team or Communication your project with you in more detail for other sharing opportunities (Partner blogs or websites, newspan	nities and groups to apply prevention projects tions Department to discuss
Please note that your report materials become the property of the Spirit of Healthy Kids program so the where the funds were spent and what activities were happening at the school, as a result of the grant received.	·
Consent Requires: Please check the box below if you agree to the above statements:  I am providing consent for the Spirit of Healthy Kids Regional Program, and it's associated partners information and any photos shared for information and promotion purposes.	, to use this project
Name: Date:	

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## 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: spiritofhealthykids@northernhealth.ca

## **Contact information**

Spirit of Healthy Kids Regional Program 400-1488 4th avenue Prince George, BC V2L 4Y2

**Phone**: 250-645-6568 **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.

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