



**M.D. OF ROCK VIEW NO. 44  
 FAMILY AND COMMUNITY SUPPORT SERVICES  
 2009 FINAL PROGRAM REPORT FORM  
 (JANUARY 1 – DECEMBER 31, 2009)  
 911 – 32 Ave NE, Calgary, AB T2E 6X6  
 Phone: 403-520-1289**

*Instructions:*

*Please complete one form for each program funded by FCSS and send to the FCSS Coordinator by February 27, 2010. See the end of the report for definitions of terms.*

<b>CONTACT INFORMATION</b>	
<b>Agency Name:</b>	
<b>Project Name:</b>	
<b>Primary Contact: (name &amp; title):</b>	
<b>Primary Contact Phone Number:</b>	
<b>Agency Phone Number:</b>	
<b>Agency Fax Number:</b>	
<b>Agency Web Site:</b>	
<b>Agency e-mail:</b>	
<b>Mailing Address with postal code</b>	
<b>Street Address (if different from mailing address)</b>	

<b>ANNUAL DOCUMENTATION REQUIREMENTS</b>	<b>ATTACHED</b>
Provide <b>only</b> if changes were made after initial application. <b>Do not</b> provide other attachments unless requested to do so.	
<b>1. List of current agency Board of Directors by name and Board position. Please include phone numbers.</b>	___ Yes ___ No Changes
<b>2. Insurance Certificate</b>	___ Yes ___ No Changes
<b>3. Fee Policy and Schedule (if applicable)</b>	___ Yes ___ No Changes
<b>4. Organizational Chart of Agency</b>	___ Yes ___ No Changes
<b>5. Certificate of Incorporation under the Societies Act</b>	___ Yes ___ No Changes
<b>6. Constitution and Bylaws</b>	___ Yes ___ No Changes

<b>CERTIFICATION OF COMPLIANCE:</b>	
<p><b>This is to certify that to the best of my knowledge and belief, the information included in this report complies with the requirements and conditions set out in the MD of Rocky View Funding Agreement and the Provincial Family and Community Support Services Act and Regulation.</b></p>	
<p>NOTE: TWO SIGNATURES REQUIRED FROM PERSONS AUTHORIZED TO SIGN ON BEHALF OF PROGRAM</p>	
<p>1) _____                      (Signature of Agency Signing Authority)</p>	<p>_____ Title</p>
<p>_____ (Please print name)</p>	<p>_____ Date</p>
<p>2) _____                      (Signature of Agency Signing Authority)</p>	<p>_____ Title</p>
<p>_____ (Please print name)</p>	<p>_____ Date</p>

**DUE: FEBRUARY 27, 2010    \*\*ALL INFORMATION PROVIDED IS PUBLIC\*\***

***Financial Statement as per 2009 Contract  
Use Same Format as 2009 Application***

<b>2009 FINANCIAL STATEMENT</b>			
Please ensure all calculations are correct. Add rows as needed.			
Use the Column 2 to itemize the program expenses to which you directed MD FCSS funds. Column 1 + Column 2 = Column 3			
<b>ITEM</b>	<b>Column 1 Costs paid or contributed by the Applicant and other funding partners (cash)</b>	<b>Column 2 Costs funded by MD of Rocky View FCSS</b>	<b>Column 3 2009 Year End Total Project Cost</b>
<b>PERSONNEL (specify positions)</b>			
<b>a. TOTAL PERSONNEL</b>			
<b>TRAVEL</b>			
<b>b. TOTAL TRAVEL</b>			
<b>MATERIALS AND SUPPLIES</b>			
<b>c. TOTAL MATERIALS AND SUPPLIES</b>			
<b>OTHER (please specify)</b>			
<b>d. TOTAL OTHER</b>			
<b>TOTAL EXPENDITURES</b>			
<b>(e=a+b+c+d)</b>			
<b>REVENUE (specify sources of funding including fundraising)</b>			
<b>f. TOTAL AGENCY PROJECT REVENUE</b>			
<b>2009 MD FCSS Grant</b>			
<b>g. MD FCSS SURPLUS</b>			
<b>Agency Surplus (Deficit)</b>			

## STATISTICS FOR THE FCSS ANNUAL REPORT SUMMARY

January 1, 2009 to December 31, 2009

### PRIMARY TARGET

Indicate the Primary target at whom the program is aimed by estimating the percentage of the program's FCSS allocation that is directed to services in the following categories.

Primary Client Base/ Program Focus:  For definitions, see the end of the report	<b>Children/Youth (0 – 18)</b>		%
	<b>Adults</b>		%
	<b>Seniors</b>		%
	<b>Families</b>		%
	<b>Community Development</b>		%
	<b>Volunteerism</b>		%
	<b>Total</b>	<b>100</b>	<b>%</b>

### OUTPUTS – SUMMARY TOTAL

*(Count of products and services delivered to the target group. For definitions, see the end of the report)*

#### Total Primary Clients Served

#### Percentage of MD Clients

# of Children/Youth (0 to 18 years)		
# of Families		
# of Adults (19 to 64 years)		
# of Seniors (65+ years)		

#### Contacts (Anonymous Clients)

#### Percentage of MD Clients

# of contacts		
---------------	--	--

#### Volunteers

#### Percentage of MD Clients

# of Volunteers		
# of Volunteer Hours		
List the roles of volunteers in this program		

#### Community Development

#### Percentage of MD Clients

# of Community Initiatives		
# of Community Initiative Participants		

#### Groups

#### Percentage of MD Clients

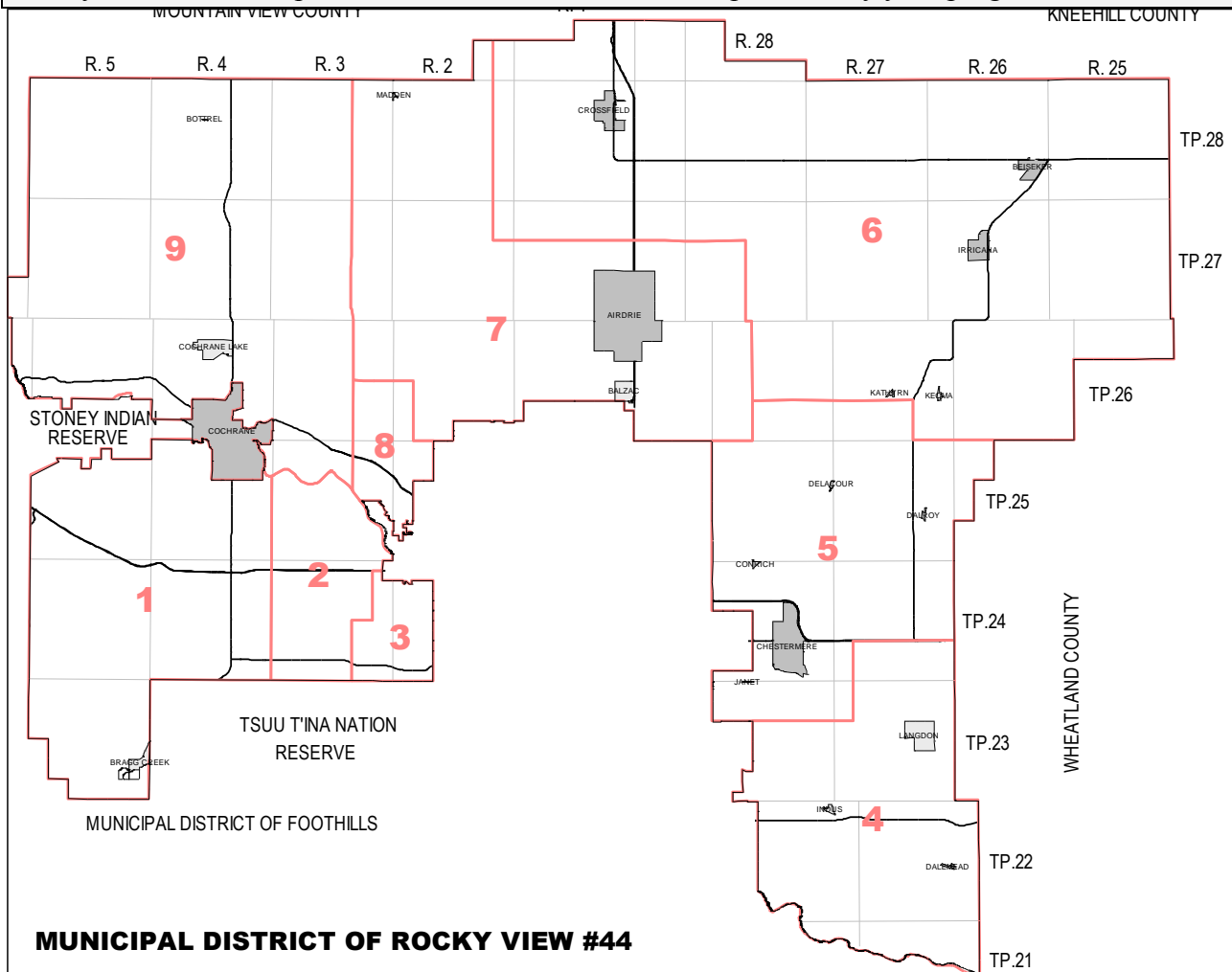
# of Groups		
# of Group Participants		

**Additional Comments about Outputs:**

Please report any comments/concerns regarding your outputs. This section may also be used to report additional output information.

**SERVICE AREA**

Clearly mark on the map where MD FCSS Activities were provided by your program.



## LOGIC MODEL - REPORTING ON 2009 ACCOMPLISHMENTS

Complete as many of the following sections as needed to report satisfactorily on the MD FCSS funded portion of your program. You must report on each of the FCSS Act Outcomes in your 2009 application that you had checked off. You should also report on Outcome #6 Volunteerism if it is applicable. (*see the end of the report for definitions*)

*For each FCSS Act Outcome:*

**Activities:**

Describe the activities your staff or volunteers complete with clients with regards to this outcome.

**Short Term Outcome:**

Describe the change you expect in your clients as a result of participating in your program (i.e. the difference your program activities will make to your clients).

**Indicator of Success:**

Describe how you know this outcome or expected result was achieved. Also list the measurement tool used.

<b>2009 FCSS Act Outcome #1</b>	<b>PREVENTION Help people develop independence, strengthen coping skills and become more resistant to crisis.</b>
<b>2009 Activities</b>	
<b>2009 Outputs</b>	
<b>2009 Short/Mid/Long Term Outcomes</b>	
<b>Indicators of Success</b>	

<b>Total Sample Size:</b>		<b># Meeting the Indicator:</b>	
---------------------------	--	---------------------------------	--

<b>Have you set an impact target for this Indicator of Success?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

*Check one of the following if you have:*

<input type="checkbox"/> Outcome Was Achieved as Expected/Planned	<input type="checkbox"/> Outcome Not Achieved as Expected/Planned
---	---

If the outcome was not achieved as expected, please explain:

Comments:

<b>2009 FCSS Act Outcome #2</b>	<b>LOCAL AUTONOMY</b> <b>Help people to develop an awareness of social needs.</b>
<b>2009 Activities</b>	
<b>2009 Outputs</b>	
<b>2009 Short/Mid/Long Term Outcomes</b>	
<b>Indicators of Success</b>	

<b>Total Sample Size:</b>		<b># Meeting the Indicator:</b>	
---------------------------	--	---------------------------------	--

<b>Have you set an impact target for this Indicator of Success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Check one of the following if you have:</i>	
<input type="checkbox"/> Outcome Was Achieved as Expected/Planned	<input type="checkbox"/> Outcome Not Achieved as Expected/Planned

If the outcome was not achieved as expected, please explain:
Comments:

<b>2009 FCSS Act Outcome # 3</b>	<b>COMMUNITY DEVELOPMENT</b> <b>Help people develop interpersonal and group skills which enhance constructive relationships among people.</b>
<b>2009 Activities</b>	
<b>2009 Outputs</b>	
<b>2009 Short/Mid/Long Term Outcomes</b>	
<b>Indicators of Success</b>	

<b>Total Sample Size:</b>		<b># Meeting the Indicator:</b>	
---------------------------	--	---------------------------------	--

<b>Have you set an impact target for this Indicator of Success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Check one of the following if you have:</i>	
<input type="checkbox"/> Outcome Was Achieved as Expected/Planned	<input type="checkbox"/> Outcome Not Achieved as Expected/Planned

If the outcome was not achieved as expected, please explain:

Comments:

<b>2009 FCSS Act Outcome #4</b>	<b>ACCOUNTABILITY</b> <b>Help people and communities to assume responsibility for decisions and actions which affect them.</b>
<b>2009 Activities</b>	
<b>2009 Outputs</b>	
<b>2009 Short/Mid/Long Term Outcomes</b>	
<b>Indicators of Success</b>	

<b>Total Sample Size:</b>		<b># Meeting the Indicator:</b>	
---------------------------	--	---------------------------------	--

<b>Have you set an impact target for this Indicator of Success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Check one of the following if you have:</i>	
<input type="checkbox"/> Outcome Was Achieved as Expected/Planned	<input type="checkbox"/> Outcome Not Achieved as Expected/Planned

If the outcome was not achieved as expected, please explain:

Comments:

<b>2009 FCSS Act Outcome #5</b>	<b>ENGAGEMENT</b> <b>Provide supports that help sustain people as active participants in the community.</b>
<b>2009 Activities</b>	

<b>2009 Outputs</b>	
<b>2009 Short/Mid/Long Term Outcomes</b>	
<b>Indicators of Success</b>	

<b>Total Sample Size:</b>		<b># Meeting the Indicator:</b>	
---------------------------	--	---------------------------------	--

<b>Have you set an impact target for this Indicator of Success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Check one of the following if you have:</i>	
<input type="checkbox"/> Outcome Was Achieved as Expected/Planned	<input type="checkbox"/> Outcome Not Achieved as Expected/Planned

If the outcome was not achieved as expected, please explain:  
Comments:  

<b>2009 FCSS Outcome #6</b>	<b>VOLUNTEERISM</b> Provide support to help promote, encourage and facilitate the involvement of volunteers.
<b>2009 Activities</b>	
<b>2009 Outputs</b>	
<b>2009 Short/Mid/Long Term Outcomes</b>	
<b>Indicators of Success</b>	

<b>Total Sample Size:</b>		<b># Meeting the Indicator:</b>	
---------------------------	--	---------------------------------	--

<b>Have you set an impact target for this Indicator of Success?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Check one of the following if you have:</i>	
<input type="checkbox"/> Outcome Was Achieved as Expected/Planned	<input type="checkbox"/> Outcome Not Achieved as Expected/Planned



If the outcome was not achieved as expected, please explain:

Comments:

### **Short Stories**

Please provide one or two short stories about people who have received services from FCSS funded projects/services at your agency. Describe how their condition or status has improved as a result of their involvement. Please do not include any client identifying information (e.g. client names).

<b>DEFINITIONS</b>	
<b>Term</b>	<b>Definition</b>
Primary Client Base	Individuals or families who receive direct service and for whom there will be a measurable impact.
Primary Clients Served	Individuals who receive direct service through funded programs and services for whom there is a measurable impact. Each individual is counted only once in this reporting period (if service is provided to a family unit, all individuals for whom there is a direct measurable impact should be recorded as individuals).
Direct Service	Engagement between staff members and clients.
Children/Youth (0 to 18)	Individuals between the ages of 0-18 years up to the 19th birthday who receive direct service.
Adults (19 to 64)	Individuals between the ages of 19-64 years up to the 65th birthday who receive direct service.
Seniors (65+)	Individuals over the age of 65 years who receive direct service
Families	A family unit is self-defined and can contain multiple generations and configurations. This includes biological or adoptive parents, extended family members, other relatives who are providing direct care to children, etc. People counted as individuals served (above) can be additionally counted under the Families served category.
Community Development	Efforts made by professionals and community residents to: enhance the social bonds among community members; motivate citizens to self-enhance; develop responsible local leadership; and create or revitalize local institutions.
# of contacts (anonymous clients)	Number of times individuals have received a service from your program, but who may not be identifiable (e.g. information service, one-time phone conversation, etc. No demographic information about such persons is collected).
# of volunteers	An individual who has provided support from which your program or service has benefited and who is willing to work on behalf others without the expectation of pay or other tangible gain. Each individual volunteer is only counted once.
# of volunteer hours	The total number of hours all your volunteers have worked on behalf of your program during this reporting period.
# of community initiatives	Community development initiatives include, but are not limited to, community assessments, mobilization, and collaborative and/or advocacy initiatives. The desired outcomes are identified, with measurable indicators of progress reported.
# of community initiative members	Participants who are actively engaged in the community development initiative. They are counted only once and not counted as individuals as noted above.
# of groups	The total distinct groups offered over a period of time through the funded program or service, such as therapeutic groups, educational workshops, and/or training (e.g. a parenting workshop consisting of 6 sessions equals one group).
# of group participants	Participants who attended the group sessions and for whom outcomes will be measured. Group participants are not included in the individuals served category unless they are involved in a different program.

Outcomes	Community or client change; describes the difference your program activities will make to clients.												
Short-term outcome	Identify changes for individual clients, community group members or communities (target population) as a result of the funded program or services, with a focus on changes in participation, awareness, knowledge and/or skills.												
Indicators of success	<p>Indicators of Success refer to the evidence that will be used to support claims that the outcomes have been achieved. Indicators of Success are most useful when they involve observable changes that can be related to a program or intervention. They usually involve some sort of data gathering tool, monitoring sheet, measurement device, etc. as listed below.</p> <p>(e.g. Increase, Decrease, Improvement, # of, % of, Ratio of...)</p> <table> <tr> <td>Questionnaire/Survey</td> <td>Face-to-face or Telephone Interview</td> </tr> <tr> <td>Standardized Test</td> <td>Group Interview/Focus Group</td> </tr> <tr> <td>Client File Review</td> <td>HOMES Goal Attainment Scale</td> </tr> <tr> <td>Client Self Report</td> <td>HOMES Issue Severity Scale</td> </tr> <tr> <td>Count</td> <td>Board Reports</td> </tr> <tr> <td>Critical Incident Report</td> <td></td> </tr> </table>	Questionnaire/Survey	Face-to-face or Telephone Interview	Standardized Test	Group Interview/Focus Group	Client File Review	HOMES Goal Attainment Scale	Client Self Report	HOMES Issue Severity Scale	Count	Board Reports	Critical Incident Report	
Questionnaire/Survey	Face-to-face or Telephone Interview												
Standardized Test	Group Interview/Focus Group												
Client File Review	HOMES Goal Attainment Scale												
Client Self Report	HOMES Issue Severity Scale												
Count	Board Reports												
Critical Incident Report													
Measurement tool	Identify what tools you used to measure the outcomes and impact of your program and services such as surveys, focus groups, standardized tests, individual interviews, case studies or other tools.												
Total Sample Size	Refers to the actual number of clients you Surveyed, Interviewed, Assessed, etc. (i.e. the total number of persons for whom a Measurement Tool was administered).												
# Meeting the Indicator	Refers to the number of clients who responded “positively” through their Measurement Tool toward this particular Indicator. (i.e. the number of clients experiencing an increase in one measure, such as improved knowledge of parenting strategies – whether scores were improved through an Issue Severity Scale, or they responded “yes”, “agree”, “strongly agree”, etc. to questions pertaining to Outcome attainment).												