

Name of Organization:		
Project Name:		
Contact Person:	Phone Number:	Email Address:
Contract ID <i>(found on the bottom left-hand corner of your grant letter)</i>	Year Grant was Received:	Funded Amount:

***Please refer back to your original project proposal/application when answering the following questions.***

What activities did you undertake to reach your goals? Please provide details of any change(s) in plans, including any activities you were unable to complete as part of this project.

B. | LESSONS LEARNED

Did you face any challenges or barriers, and if so, how did you overcome them?  
Are there any lessons learned that we might be able to share with others who may be inspired to do a similar project? How will your learnings impact your future work?

C. PROJECT AND FUNDING IMPACTS

How did this funding impact your community and organization? What would you tell VCH Public Health leadership about this project and its impacts?	
What, if any, lasting impacts will this one-time-only funding have? Please include sustainability plans, if applicable.	
Did this grant help to secure other funding (or in-kind contributions) for this project or your organization that you wouldn't have otherwise received?	<input type="checkbox"/> Yes    \$ _____
If so, from whom? _____	<input type="checkbox"/> No

How many individuals were directly impacted by this project? \_\_\_\_\_

How many individuals are estimated to have indirectly benefited from this project? \_\_\_\_\_

Estimate the total number of staff hours (at all levels) invested in this project: \_\_\_\_\_

Estimate the total number of volunteers involved in this project: \_\_\_\_\_

Estimate the total number of hours that volunteers put into this project: \_\_\_\_\_

#### D. | FEEDBACK

Please use this space to provide us with any feedback to help us understand your experience throughout this granting process (please consider the application, grant distribution, and final reporting phases).

#### E. | SHOW US

Please attach electronic copies of photos, stories, media articles, quotes from participants, etc. that you would like to share (be sure to have the permission of anyone who is identifiable in photos). These supporting documents help us to understand the impact of your project within the community.

Do you give permission for VCH Public Health to share these media internally and/or externally?

☐ Yes

☐ No

## F. EXPENSE REPORT

Please elaborate on the project expenditures supported only by the OTO Health Promotion or Capacity Building Project Grant provided by VCH Public Health.

OTO Health Promotion Project or Capacity Building Grant <b>EXPENSE REPORT</b>	
Total VCH OTO Grant received for this project:	
<b>EXPENDITURES</b>	
<b>Staffing Costs</b>	VCH Public Health OTO Grant only
Project Staff	
Volunteer Honoraria	
Other <i>*Please specify:</i>	
Contracted Services <i>* Please specify (e.g., consultants for _____):</i>	
<b>Total Labour Costs:</b>	
<b>Project Supplies/Services Costs</b>	VCH Public Health OTO Grant only
Room, Venue or Facility Rental	
Project Supplies	
Supplies – Food <i>*Please specify (# gatherings &amp; # participants):</i>	
Small Capital Expenditures <i>*Please specify (e.g., equipment, renovations):</i>	
Staff/Volunteer Training (e.g., workshops, courses)	
Other Supplies or Services <i>*Please specify:</i>	
<b>Total Project Supplies/Services Costs:</b>	
Please continue your Expense Report on the next page...	

F. | EXPENSE REPORT *(continued)*

<b>Administration Costs</b> <i>*Cannot exceed 10% of total dispersed funding</i>	VCH Public Health OTO Grant only
Administration/Office Expenses & staff supports	
Other <i>*Please specify:</i>	
<b>Total Administration Costs</b> <i>*Cannot exceed 10% of total dispersed funding</i>	
<b><u>TOTAL EXPENDITURES</u></b> <i>ABOVE Total Labour + Total Project Supplies/Services + Total Administration Costs</i>	
<b>Other Revenue received for this project</b>	
Total funding received from other sources <i>(if applicable)</i>	
Total estimated value of in-kind contributions to the project	
Explanatory notes you would like to include regarding your project expenditures, if applicable:	

**Thank you for sharing the valuable work you are doing in the community!**

Narrative & Expense Reports will be accepted by email only.

When submitting your report, please ensure all sections of the report has been completed.

- This evaluation and budget report will be used to further the work of the VCH Public Health's health promotion community investments (grants) program.
- Once submitted, your report materials become the property of Vancouver Coastal Health.

**Please direct any questions, and email your completed report to:**

**[community.investments@vch.ca](mailto:community.investments@vch.ca)**