



## SCHEDULE "B"

## SMOKY LAKE COUNTY – FCSS PROGRAM EVALUATION REPORT

LEGAL REGISTERED NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Box	City or Town	Postal Code
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PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**▶ COMPLETE THIS APPLICATION IN ITS ENTIRETY**

1. What did your program accomplish? \_\_\_\_\_  
\_\_\_\_\_
2. How many participants were involved? \_\_\_\_\_
3. How many volunteers were involved? \_\_\_\_\_
4. Outcomes:
  - a. Please select at least one of the social outcome statements to report on
    - ☐ Individuals experience personal well being
    - ☐ Individuals are connected with others
    - ☐ Children and youth develop positively
    - ☐ Healthy functioning within families
    - ☐ Families have social supports
    - ☐ The community is connected and engaged
    - ☐ Community social issues are identified and addressed
  - b. How did you measure results? (survey, interview, documentation review, observation, focus group, or case studies)  
\_\_\_\_\_  
\_\_\_\_\_
  - c. What is your outcome statement?  
\_\_\_\_\_
  - d. How many participants completed the measurement tool? \_\_\_\_\_
  - e. How many participants experienced a positive change? \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position:

Date: \_\_\_\_\_