



Project Reporting Form Community Grants Program

SUMMARY

Date of Project: _____ Your Name: _____

Project Name: _____ Telephone: _____

Location of Project: _____ Address: _____

Project Description:

Number of participants in attendance at event (if applicable): _____

Please check all boxes that apply and complete the information requested

Wellness Theme Healthy Eating Health Protection Tobacco Control
 Physical Activity Health and Literacy
 Mental Health Child and Youth Development
 Injury Prevention Healthy Environments

Whose idea was it? Wellness Coalition Health Staff Community Group
 Other _____

Who Participated? Children Youth Adults
 Seniors Other _____

How did you let people know?
 Radio Church Bulletin Newspaper
 Other _____

PARTNERSHIPS

1. What partners did you work with for this project? (e.g. neighbourhood association, church group, police department, etc?)

2. What did each partner do for the project? (e.g. provide space, food, clean-up, planning, promotion, financial support, etc?)

3. Comment on whether or not these partners could work together on future projects and if other partners could help in the future?

SUSTAINABILITY

A. What plans do you have to continue your project?

B. What plans do you have to let others know what you accomplished in your project?

C. What difference have you noticed in your community as a result of your project?

D. What would you do differently if you were able to do another wellness project?

COMMUNICATION

A. How did you find out about the Community Grants Program?

- Website
- Newspaper
- Health Care Worker
- Community Event
- Brochure / Poster
- Community Channel/Radio
- Community Group or Friend
- Other _____

B. What kind of support did you receive from the Coalition to carry out the project? (e.g. promotional items, being available, answering questions)

C. Was the Coalition clear about what was expected of you during the project?

Promotion of Coalition as a partner Yes No Use of funds Yes No

Promotion of Healthy messages Yes No Reporting and Receipts Yes No

Comments: _____

PROCESS

A. Was the grant application easy to complete? Yes No

If "No", let us know how we can make it easier? _____

B. The current deadlines for grants are the 15th of May, September, and January. Do these dates work for you?

Yes No

If "No", please comment _____

C. Did you receive your grant money in time? Yes No

D. Did we give you enough time after your project to send in your receipts and this report?

Yes No

Comments: _____

SUCSESSES

Please share any stories or experiences from your event/project.

FINAL COMMENTS

A. Can we call on you to share your project experiences with other groups?

B. What final, overall comments do you have about your experiences with the Community Grants Programs?

C. Was the final report easy to complete? If not, how can we make it easier?

Please send completed form along with receipts and financial statement to:

**Wellness Coalition-Avalon East
c/o Health Promotion Division, Eastern Health
P.O. Box 13122
St. John's, NL
A1B 4A4**

Thank you very much