

Aboriginal Health

528 Wentworth Street

Nanaimo, BC V9R 3E4

Telephone: (250) 755-7691 Ext. 57571

Fax: (250) 740-6909

**FINAL REPORTING FORM**

**2019-2020**

**Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract Number**:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPORTING PERIOD:**

**🞎 Final Report** (April 1 – March 31)

**Please note that this report is for the full duration of the project.**

**REPORT COMPLETED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**( Please Print)**

**TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please sign and date)**

**PROGRAM ACTIVITIES REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **SERVICES / ACTIVITIES OUTLINED IN SCHEDULE A** | | | |
| **Project Objectives** | | **Services /**  **Project Activities** | **Project**  **Outcomes** | **Number of Participants & Target Population** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| **2.** | | **Challenges and plans to address them:** | | |
| **3.** | | **Community Partners other organizations, physicians, VIHA, FNIH, community members (youth, family, elders, etc):** | | |
| **4.** | | **Evaluation Activities:** | | |

**FINANCIAL REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item**  **Description** | **Annual Approved**  **Budget** | **Annual Actual Expenditures**  **April 1 – March 31** | **Variance** |
| **REVENUE** |  |  |  |
|  |  |  |  |
| **EXPENSES** |  |  |  |
| Employee Costs: |  |  |  |
| Salary/Wages |  |  |  |
| Benefits |  |  |  |
| Total Employee Costs: |  |  |  |
|  |  |  |  |
| Non-Employee Costs: |  |  |  |
| Training: |  |  |  |
| Facilitators: |  |  |  |
| Honorariums - Max 5% |  |  |  |
| Project Supplies |  |  |  |
| Travel |  |  |  |
| Other Expenses:  Please specify: |  |  |  |
|  |  |  |  |
| Total Non-Employee Costs: |  |  |  |
|  |  |  |  |
| Administration Costs – Must not exceed 10% |  |  |  |
| **Total:** |  |  |  |

Please feel free to include articles, pictures, or material that relates to this project.

# REPORTING ACCOUNTABILITIES

Submit to the Contract Assistant, Aboriginal Health, Vancouver Island Health Authority (VIHA) Final report within 30 days after the end of the term showing utilization of funds. Failure to report may have an impact on your future funding. Please note that this report is for the full duration of the project ie. 12 months.

Final April 1 – March 31, 2019 **Due May 1, 2020**

**Submit to:** Michelle Stewart

Vancouver Island Health Authority

Aboriginal Health

528 Wentworth Street

Nanaimo, BC

V9R 3E4

Fax: (250) 740-6909

Email: Michelle.Stewart@viha.ca