

Indigenous Health 1952 Bay St Victoria, BC V8R 1J8 Email: <u>IHIP@islandhealth.ca</u>

FINAL REPORTING FORM

202__-202___

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:		
TELEPHONE:	(Please Print)	
EMAIL:		
APPROVED BY:	(Please sign and date)	

PROGRAM ACTIVITIES REPORT

Project Objectives	Services / Project Activities	Project Outcomes	Number of Participants & Target Population
2.	Challenges and plans to	o address them:	
3.	Community Partners of FNIH, community mem	her organizations, r	
4.	Evaluation Activities:		

FINANCIAL REPORT

Line Item Description	Annual Approved	Annual Actual Expenditures	Variance
	Budget	April 1 – March 31	
REVENUE			
EXPENSES			
Employee Costs:			
Salary/Wages			
Benefits			
Total Employee Costs:			
Non Employee Costa:			
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 include articles, pictures, or material that relates to this project.

REPORTING ACCOUNTABILITIES

Submit to the Contract Coordinator, Indigenous Health, Vancouver Island Health Authority (VIHA) Final report within <u>30 days after the end of the term</u> 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.

Submit to: Contract Coordinator at Email: IHIP@islandhealth.ca

Vancouver Island Health Authority Indigenous Health 1952 Bay St Victoria, BC V8R 1J8