



WELLNESS GRANT

REPORT 2018-2019

If you have any questions regarding this Report or require assistance completing it please contact Justin Galloway at 425-4818.

ORGANIZATIONAL INFORMATION

a. Name of Agency

b. Name of Project

c. Mailing Address (include street & box number where applicable)

1.0 CORE STRATEGIES

a. **Creating a supportive environment (please answer all that apply)**

i.) Describe how your project promoted youth, citizen or community participation/engagement:

ii.) Describe how your project promoted youth, citizen or community learning:

iii.) Describe how your project promoted youth, citizen or community action to improve wellness:

b. **Strengthening Community Action**

i.) Did your organization strengthen the community's ability to address wellness issues as a result of your project? If so, explain how:

c. **Developing Personal Skills**

i.) Did project participants develop new personal or social skills conducive as a result of your project? If so, what were they?:

ii.) Did project volunteers develop new personal or social skills conducive as a result of your project? If so, what were they?:

d. Wellness Topic/Issue Address

Please check all wellness elements the project involved and indicate how they were addressed:

___ Mental Well-being

___ Decreased Substance Use and Abuse

___ Accessible Nutritious Foods

___ Active Communities

How did your project engage youth in your community?

e. Identification of Wellness Trends and Issues

Has your organization identified any new issues or strategies to improve wellness in the community during the course of your project? If so, please explain:

2.0 PROJECT PARTICIPATION

Please provide the number of:

- a. Project participants: _____
- b. Volunteers who helped with the project: _____
- c. Agencies/organizations that assisted with the project: _____

**Please attach project photos and/or articles you would like to share.*

3.0 PROJECT OUTCOMES & INDICATORS OF SUCCESS

Measurement Narrative

Using the goal and evaluation steps outlined in your 2017-2018 Wellness Grant application, please provide information on the outcome(s) of your project upon completion.

<p>SHORT TERM OUTCOMES</p> <p>Short term outcomes are learnings, behaviours and/or conditions that change in the short term (during or shortly after) a project or program.</p> <p>You will want to consider what was enhanced, changed, learned, or altered as a result of your project.</p> <p>For example, a short term outcome for a parenting program might be, “increased knowledge of effective parenting techniques”.</p>	<p>INDICATORS OF SUCCESS</p> <p>Indicators of success reflect measurable movement towards the achievement of specific project outcomes.</p> <p>For example, an indicator for increased knowledge of effective parenting techniques could be, “8/10 participants (parents) are aware of how to utilize reflective listening strategies in their daily routines”.</p>

4.0 Program Budget

Please provide an unaudited Financial Statement for 2018-2019 signed by two Board/Committee Members. Your Financial Statement should be in-line with the Budget that you submitted to Saskatchewan Health Authority – North East, as part of your 2018-2019 Wellness Grant application.