



# Mamawetan Churchill River Health Region

*Working together in wellness to promote, enhance and maintain quality of life.*

## WELLNESS GRANT

### REPORT 2015-16

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

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b. Name of Project

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

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## 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 2014-2015 Wellness Grant application please provide information on the outcome(s) of your project upon completion.**

<p><b>SHORT TERM OUTCOMES</b></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><b>INDICATORS OF SUCCESS</b></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 2015-2016 signed by two Board/Committee Members. Your Financial Statement should be in-line with the Budget that you submitted to Mamawetan Churchill River Health Region as part of your 2015-2016 Wellness Grant application.