



## Final Report Wellness Grant Program

### CONTACT INFORMATION

Organization/ Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROJECT DETAILS & SUMMARY

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

Month/Year Funding received: \_\_\_\_\_

Project Description: (e.g. what was your goal, target audience, what was the # of participants? What wellness area was addressed? Tell us what you did.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OUTCOME & EVALUATION

Did the project achieve the outcome you expected? (Did what you expect happen?)

Yes       No       Maybe

Were there unexpected outcomes? (Did anything else happen that you weren't expecting?)

Yes       No

If yes, what were the unexpected outcomes?

\_\_\_\_\_

\_\_\_\_\_

What impact did the project have? (What difference/change has occurred in your target audience/organization/community as a result of the project?) \_\_\_\_\_

What were the lessons learned, if any? \_\_\_\_\_

What plans do you have to continue, sustain or build on your project? \_\_\_\_\_

How will you let others know what you accomplished? \_\_\_\_\_

Please share at least one story or experience that demonstrates the impact of your project. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARTNERSHIPS**

Partner(s): \_\_\_\_\_

Contribution to the project: \_\_\_\_\_

\_\_\_\_\_

Potential partner (s) for future projects	Yes	No	Uncertain
Partner(s) is a member of Wellness Coalition- Avalon East	Yes	No	Uncertain

**PROCESS**

Was the grant application easy to complete?	Yes	No	Uncertain
Did you receive your grant money in time?	Yes	No	Uncertain
Were the following expectations clear?			
Acknowledgement of Coalition as a funder	Yes	No	Uncertain
Appropriate use of funds	Yes	No	Uncertain
Reporting requirements	Yes	No	Uncertain
Can we call on you to share your experiences with other groups?	Yes	No	Uncertain
Was the final report easy to complete?	Yes	No	Uncertain

Additional comments about your experience with the Wellness Grant Program (optional)

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**FINANCIAL STATEMENT**

Report on Wellness Grant Program expenditures only. Attach relevant receipts.

Budget Item	Opening Balance	Actual Expenditures	Amount Remaining
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL</b>			

**Please return this completed final report to the Wellness Coalition Avalon East by:**

Drop Off: Health Promotion Division, Eastern Health, Mount Pearl Square – Community Services  
760 Topsail Road, Mount Pearl

Mail: Wellness Coalition – Avalon East  
c/o Health Promotion Division, Eastern Health  
Mount Pearl Square, Community Services  
760 Topsail Road,  
Mount Pearl, NL A1N 3J5

Fax: (709) 752-4833 Email: [heather.powell@easternhealth.ca](mailto:heather.powell@easternhealth.ca)

For further information, please contact Heather Powell at (709) 752-4912; [heather.powell@easternhealth.ca](mailto:heather.powell@easternhealth.ca)