

COMMUNITY WELLBEING GRANT 2018

Reporting Template



Organization Name:	
Date:	
Reporting period (e.g. January 1 to December 31, 2018):	
Name of person completing the form:	Title:
Email address:	Telephone Number:
Signature:	
Name of Signing Officer: (this should be the ED or President/Chair of the Board of Directors who is verifying the content of the report as true and factual)	Signature :
Email address:	Telephone Number:

1. Wellbeing Grant Program Goal Contributions

What Wellbeing Grant Program goals did your grant contribute to? List the wellbeing grant goals that you indicated on the original application form

For example

Goal 1: *Residents are physically, mentally and emotionally healthy*

Goal 2: *Residents feel safe and respected*

Goal 1: _____

Goal 2: _____

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2. Please tell us briefly what the grant was used for.

Empty response area for question 2.

3. Please describe how the activities supported by the grant benefited Guelph residents. Ensure that you provide details of the people who benefited. Please ensure that you refer to your original application.

Empty response area for question 3.

4. Overall how successful were you in achieving your goals for the funding? (Did you do what you set out to in your original application, did you achieve this on time and within budget? Did you achieve the number of participants you had hoped for?) Please ensure that you refer to your original application.

Empty response area for question 4.

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5. Please provide the end of year result and commentary for each of the following performance measures.		
Please provide the number of Guelph residents in each category who benefited from the activities:	End of year result (insert the number of people)	Commentary (please provide some commentary on the number)
Number of program participants		
Number of audience members / event attendees		
Number of others (please specify) _____		
Total Guelph Residents		
Please provide the number of non- Guelph residents in each category who benefited from the activities:	End of year result	Commentary
Number of program participants		
Number of audience members / event attendees		
Number of others (please specify) _____		
Total Non-Guelph Residents		
Please estimate the dollar (\$) value of other funding/in-kind resources you leveraged as a result of the City contributions.	_____ dollars	
Please provide the number of volunteers contributing to the activities supported by the grant.	_____ volunteers	
Please provide the number of volunteer hours contributed to the activities supported by the grant.	_____ hours	

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6. Please list the performance measures from your original application and the actual performance result for each of the following questions:

- a) How much work was done?
- b) How well the work was done?
- c) What difference did the work make?

a) How much work was done? (max 3)

Performance Measure (s) (e.g. the number of local artists performing in the festival)	Result (E.g. 25)	Commentary (E.g. did this meet your expectation? Why/why not?)
1		
2		
3		

b) How well the work was done? (max 3)

Performance Measure (s) (e.g. the number of positive local and national media stories generated about the festival)	Result (E.g. 10)	Commentary (E.g. did this meet your expectation? Why/why not?)
1		
2		
3		

c) What difference did the work make? (max 3)

Performance Measure (s) (e.g. the number of participants surveyed that said the program improved their quality of life)	Result (E.g. 80%)	Commentary (E.g. did this meet your expectation? Why/why not?)
1		
2		
3		

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7. A Success Story

Please share a story that shows the impact that the grant had on the Wellbeing Grant Program goals you selected. When telling the story, please do not include any personal information that may identify an individual.

8. Recognizing the City's Contributions

Did your organization undertake activities to recognize the City's grant contribution?

Yes No

If yes, please select the ways you recognized the grant:

• Acknowledged on promotional materials	<input type="checkbox"/>
• Recognized on Website	<input type="checkbox"/>
• Provided a link to the City's website	<input type="checkbox"/>
• Usage of the City logo	<input type="checkbox"/>
• Verbal acknowledgement at presentations and other speaking opportunities (in the local media)	<input type="checkbox"/>
• Other (please specify)	<input type="checkbox"/>

Collection of Personal Information

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of, making decisions about grant allocations, reporting on statistics about the grant program and evaluating the grant program. If you have questions about this collection; use, and disclosure of this information, contact the City of Guelph's Information and Access Coordinator by phone at 519-822-1260 x 2349 or by email at privacy@guelph.ca

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9. Financial Summary

This section is asking you to report information about your specific grant request.

Revenue	Planned Budget – Revenue (refer to original grant application) \$	Actual Revenue (projected to year-end if fiscal year not yet complete) \$
City of Guelph Wellbeing Grant		
Other City of Guelph (specify) _____		
Province of Ontario		
Government of Canada		
Other grants		
Fund raising / donations		
Program revenues		
Other (specify) _____		
Other (specify) _____		
Total Revenues		

Expenses	Planned Budget - Expenses (refer to original grant application) \$	Actual Expenses (projected to year-end if fiscal year not yet complete) \$
Salaries / wages / benefits		
Artistic fees		
Office / administration		
Rental / lease expenses		
Program expenses		
Other (specify) _____		
Other (specify) _____		
Total Expenses		
Surplus (Deficit)		

Thank you for completing the Reporting Form
 Please submit the form to wellbeinggrants@guelph.ca
 If you have any questions please contact:
 Alex Goss T: 519-822-1260 x 2675 or 5618
 Email: wellbeinggrants@guelph.ca