

VCH Health Promotion Community Investments 2024/25 One-Time-Only Health Promotion or Capacity Building Project Grant Narrative & Expenses Report

Upon completion of your one-time-only health promotion project, please fill in this brief report detailing what you accomplished and how the funding was spent. Please refer to your original grant letter for when your final project report is due and email to <u>Community.Investments@vch.ca</u>. Do not hesitate to contact us if you have any questions.

| Name of Organization: | | |
|--------------------------------------------------------------------------------|----------------|----------------|
| Project Name: | | |
| Project Contact Person: | Phone number: | Email address: |
| Contract ID: (found on the bottom left hand corner of your grant letter) | Funded Amount: | |

A. PROJECT SUMMARY

Please refer back to your original project proposal/application when answering the following questions.

What were the project's most important accomplishments?

What activities did you undertake to reach your goals? Please provide details of any change(s) in plans, including any activities you were unable to complete as part of this project.



B. LESSONS LEARNED

Did you face any challenges or barriers, and if so, how did you overcome them? Are there any lessons learned that we might be able to share with others who may be inspired to do a similar project? How will your learnings impact your future work?

C. | PROJECT AND FUNDING IMPACTS

How did this funding impact your community and organization? What would you tell VCH leadership about this project and its impacts?



| What, if any, lasting impact will this one-time-only funding have? Please includ applicable. | e sustainabi | lity plans, if |
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| Did VCH funding help to secure additional funding for this or other projects? If so, from whom? | Yes | \$ |
| | No 🔿 | |
| | | |

How many individuals were <u>directly</u> impacted by this project? ______ How many individuals are estimated to have <u>indirectly</u> benefited from this project? ______ Estimate the total number of staff hours (at all levels) invested in this project: ______ Estimate the total number of volunteers involved in this project: ______

D. | FEEDBACK

Please use this space to provide us with any feedback to help us understand your experience throughout this granting process (please consider the application, grant distribution, and final reporting phases).



E. SHOW US

Please attach electronic copies of photos, stories, media articles, quotes from participants, etc. that you would like to share (be sure to have the permission of anyone who is identifiable in photos). These supporting documents help us to understand the impact of your project within the community.

Do you give permission for VCH Community Investments to share these media internally and/or externally?



F. | EXPENSE REPORT

Please elaborate on the project expenditures supported by the OTO Health Promotion Project Grant funding provided by VCH.

| 2024/2025 One-Time-Only HEALTH PROMOTION PROJECT GRANT EXPENSE REPORT | | |
|----------------------------------------------------------------------------|--------------------|--|
| Total VCH OTO Grant received for this project | | |
| EXPENDITURES | | |
| Staffing Costs | VCH OTO Grant only | |
| Project Staff | | |
| Volunteer Honoraria | | |
| Other *Please specify: | | |
| Contracted Services * Please specify (e.g., consultants): | | |
| Total Labour Costs | | |
| Project Supplies/Services Costs | VCH OTO Grant only | |
| Room, Venue or Facility Rental | | |
| Project Supplies | | |
| Supplies – Food *Please specify (# gatherings & # participants): | | |
| Small Capital Expenditures *Please specify (e.g., equipment, renovations): | | |
| Staff/Volunteer Training (e.g., workshops, courses) | | |
| Other Supplies or Services *Please specify: | | |
| Total Project Supplies/Services Costs | | |



| Administration Costs *Cannot exceed 10% of total dispersed funding | VCH OTO Grant only |
|-----------------------------------------------------------------------------------------------------------------|--------------------|
| Administration/Office Expenses & staff supports | |
| Other *Please specify: | |
| Total Administration Costs *Cannot exceed 10% of total dispersed funding | |
| TOTAL PROJECT EXPENDITURES ABOVE Total Labour + Total Project Supplies/Services + Total Administration Costs | |
| Other Revenue received for this project | |
| Total funding received from other sources (if applicable) | |
| Total estimated value of In-Kind contributions to the project | |
| Explanatory notes you would like to include regarding your project expenditures, | if applicable: |
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Thank you for sharing the valuable work you are doing in the community!

Narrative & Expense Reports will be accepted by email only. When submitting your report, please ensure all sections of the report has been completed.

- This evaluation and budget report will be used to further the work of the One Time Only Health Promotion Project grants
- Once submitted, your report materials become the property of Vancouver Coastal Health

Please direct any questions, and email your completed report to us at community.investments@vch.ca.