



# BRIGHT BEGINNINGS

NORTH EASTMAN PARENT-CHILD CENTRED COALITION

## EVALUATION FORM

We appreciate your time in completing the required evaluation form by the deadline date. We look forward to learning the outcomes of your project!

If you need assistance in completing this form, please contact our office. Please use additional paper, where necessary.

1. a) **Name of Project/Program:** \_\_\_\_\_  
b) **Project Completion Date:** \_\_\_\_\_
- c) **Contact person for Project/Program:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Which **pillars** did your project/program support?

Community Capacity \_\_\_\_\_  
Positive Parenting \_\_\_\_\_

Learning and Literacy \_\_\_\_\_  
Nutrition and Physical Health \_\_\_\_\_

3. Please provide a **short description of the project/program** as it **relates to the pillars**:

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4. Who **participated** in your project/program? Please choose **one** that best describes your audience.

Parents and Children \_\_\_\_\_ Preschoolers \_\_\_\_\_ Parents Only \_\_\_\_\_ Other \_\_\_\_\_

Please summarize the attendance at your program(s) and submit the information with the evaluation form.

5.a. Did you **implement the plan as outlined** in your original proposal? YES \_\_\_\_\_ NO \_\_\_\_\_

5.b. If you answered **YES**, in what ways did you achieve the outcomes identified in your proposal?

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5.c. If you answered **NO**, please explain, listing any challenges and/or reasons for these changes in your project.

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5.d. What, if anything, would you do differently if the project were to run again?

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**6. Community Partners:**

Please name other organizations/community groups involved in the project.  
How did they contribute to the success of the project? Use additional paper, if needed.

Community Partners	In-Kind Services and/or Resources

**7. Financial Section:**

Please list items purchased as requested in original application/approval.  
**Receipts must be submitted** for individual items totaling **\$300 or more**.  
**A copy of your most recent bank account balance/financial statement must accompany this evaluation form.** Other statements may be requested at our discretion.

COSTS INCURRED FOR YOUR PROJECT/ACTIVITY	Amount Funded in Grant Application	Actual Expenses Incurred	Difference
Honorarium (facilitator of program)			
Honorarium (childcare)			
Honorarium (other)			
Program Costs/Supplies/Handouts			
Training			
Travel			
Promotion (ads, posters)			
Food/Refreshments			
Guest Speakers			
Equipment			
Rent			
Criminal Record Check/Child Abuse Registry Check			
Other (please specify)			
<b>TOTAL EXPENSES</b>			

8. If you have any **residual funds**, please explain what will be done with them? If there is no plan, it is expected that they will be put towards next year's programming.

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**9. Organizational Growth**

Did any members of your organization participate in any **professional development sessions** over the past year? If so, please include participant names and type of training. Please describe how they have complemented your program.

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Were you able to obtain any **sustainable community partners** to support your group should you choose to run this program again?

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**10. Further Comments:**

Please include the **highlights** and **challenges** you encountered in offering this program. Examples may be new families attending, returning families, partnerships developed, transportation, etc...

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Did you receive **any comments (either positive or negative)** from participants attending this program?

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**Program evaluation is an important component of parent-child programming.** We strongly encourage your group to continue use of this assessment tool should you chose to run future programs.

**Please attach a copy of your participant evaluation form along with an overview of participant responses with this evaluation.**

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**I certify that all information given in this evaluation, including supporting documents and financial information, is correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations in this evaluation may affect funding opportunities regarding future applications.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EVALUATION DUE DATE:**

**JUNE 30, 2017**

Please return this completed evaluation form to:

**BRIGHT BEGINNINGS**  
North Eastman Parent Child Centred Coalition  
c/o Kelly Barrett  
Box 1698  
Beausejour, MB  
R0E 0C0

*phone: 204-266-0662*  
*fax : 204-268-9490*  
*Email: [bbcoordinator@hotmail.com](mailto:bbcoordinator@hotmail.com)*  
*Website: [www.brightbeginningsmanitoba.ca](http://www.brightbeginningsmanitoba.ca)*