

6.a. Did you implement the plan as outlined in your original proposal? YES _____ NO _____

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

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

6.d. What, if anything, would you do differently if you hold this event again?

7. Community Partners

Please name other organizations/community groups involved in this event.
How did they contribute to the success of the event?

Community Partners	Free Services and/or Resources Provided

8. Financial Section:

Please list items purchased as requested in original application/approval.

Receipts must be submitted for individual items totaling **\$300 or more**.

Further financial reporting may be requested, at our discretion.

COSTS INCURRED FOR YOUR PROJECT/ACTIVITY	Expenses Requested in Original Grant Application	Actual Expenses Incurred	Difference
Food/Refreshments			
Promotion (ads, posters)			
Supplies/Handouts			
Equipment			
Prizes			
Travel			
Postage			
Other (please specify)			
TOTAL EXPENSES			

9. If you have any **residual funds**, please explain what will be done with them?

10. Further Comments:

Please include **highlights** and **challenges** you encountered in offering this event.

Did you observe **any noticeable changes among participants** that developed due to attending this event?

Program evaluation can be an important component of parent-child programs and events. We strongly encourage your group to establish this important assessment tool should you choose to hold future events.

Did you conduct a **participant evaluation** for this event? YES _____ NO _____

If so, **please attach a copy along with an overview of participant responses.**

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

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
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Box 1698
Beausejour, MB
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