

Reporting Forms for One-Year Grants

2004

Investing in communities

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Ontario

The Ontario Trillium Foundation, an agency of the Ministry of Culture, receives annually \$100 million of government funding generated through Ontario's charity casino initiative.



THE ONTARIO
TRILLIUM
FOUNDATION

Important Reporting Information – Please Read

1. Please check your Letter of Agreement for your reporting schedule.
2. Your Letter of Agreement outlines the results that the Ontario Trillium Foundation (OTF) expects your grant to achieve, and contains the approved budget for your grant. Use these Reporting Forms to report on the “Expected Results”, the “Approved Budget”, and any “Grant Conditions” that may have been attached to your grant.
3. Please contact your Program Manager or Grants Associate before you re-allocate funds in your approved budget.
4. Please complete all three sections of these Reporting Forms. Use your computer cursor or the Tab Key to move between boxes. To select a box, click on it with your mouse.
5. Please print the completed forms and mail 3 copies of the forms, and 2 copies of all attachments to:
[Your Program Manager or Grants Associate]
The Ontario Trillium Foundation
45 Charles Street East, 5th Floor
Toronto, Ontario M4Y 1S2

Unfortunately we cannot accept email copies of your forms at this time.

6. Save a disk copy of the Report Forms for future reports you prepare for OTF. You can also download these forms from our website – www.trilliumfoundation.org.

Need Some Help Preparing Your Report?

- Refer to the “Frequently Asked Questions” and “Example Tables” on our website. These provide answers to some of the questions we are often asked and they contain examples of some completed tables.
- Give us a Call! Our staff will be happy to assist you. If you have questions concerning your grant, please contact your Program Manager or Grants Associate. If you have technical questions about preparing your report or completing the forms, call 1-800-263-2887 and ask to speak with a Policy and Research Analyst in the Policy, Research and Evaluation Department.

ONE YEAR GRANTS - REPORT COVER SHEET

Attach this completed Cover Sheet to all reports you submit to the Foundation.

Organization Name: FOOTPRINTS

Mailing Address: 1066 Dunbarton Rd., Pickering, Ontario L1V 1G8

Phone Number: (905)839-7271

Grant ID #: 9952692

Grant Amount: \$15,000

Reporting Period: 07/05(mm/yr) to 02/06 (mm/yr)

You are required to submit the following items in your Report Package. Please check the items you have included in your package. Send 3 copies of the report forms, and 2 copies of attachments.

Report Forms:

- Section A - Summary Form
- Section B - Financial Report
- Section C - Results and Activities Report

Attachments:

- Your most recent financial statements
 - List of your current Board of Directors
 - Any completed resources or materials produced through your grant
- For renovation grants:
- Photographs of renovated areas
 - Copy of the certificate of completion

Person completing this report

Name: Corrine Brook-Allred

Date: Jan. 30, 2006

Position: Chair, Steering Committee

Signature: _____

Board President/Chair

Name: Corrine Brook-Allred

Date: Jan. 30, 2006

Signature: _____

For Office Use Only:

Reviewed and Approved By: _____ Date: _____

Activities on Track:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partially
Conditions Met:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partially
Finances Allocated as Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partially

Next Steps: Release cheque Hold cheque Close File Contact Grantee
 Other, please specify:

Comments:

SECTION A. SUMMARY FORM

- **Complete all three sections of these Reporting Forms.** Use your computer cursor or the Tab Key to move between boxes. To select a box, click on it with your mouse.
- **All questions may not be relevant to your work.** Simply indicate N/A (not applicable) for questions that do not apply or are not relevant to your work.
- **Report on the entire length of your grant.**

Community and Individuals Reached

A1.i) How many people did you reach or serve in each of the following categories through your grant?

For example, include information such as: number of people using your services; number of people attending an event; number of visitors to your web-site; etc. Avoid counting people more than once. For instance, if you offer a program in which people participate on a regular basis, only count the number of different people reached.

_____ Children (0-12 yrs.)
 _____ Adults (19-64 yrs.)

_____ Youth (13-18yrs.)
 _____ Seniors (65+ yrs.)

If you cannot provide a breakdown by age group, answer question A1.ii) below.

ii) What is the total number of people (all ages) you reached through your grant? 56

A2. If you held a community or public event as part of your grant, indicate how many events you held and the total number of people that attended each event?

Type of Event	Number of Events Held	Total Number of People Attending
Festival	_____	
Arts Production / Performance / Exhibit	_____	
Fair / Exhibition	_____	
Public Education Event	_____	
Sporting Event	_____	
Conference / Workshop / Training Program	_____	_____
Press Conference or Media Event	<u>1</u>	<u>35</u>
Organized Booth or Table at Existing Event	_____	
Other, please specify: _____	_____	_____

A3. If you produced any resources or materials with OTF funds, please indicate the number of different materials/resources that were distributed.

_____ Video Tape

_____ Audio Tape

_____ Newsletter (email)

_____ Newsletter (paper)

_____ Brochures / Pamphlets

1 Study / report / publication / manual

_____ Website (indicate number of hits)

_____ Other, please specify:

A9. What is the estimated value of any revenue your organization may have received as a direct result of receiving your OTF grant?

Do not include revenue you would have received regardless of whether or not you had a grant from OTF. For instance, if your organization regularly receives an operating grant from the United Way, do not include this. However, if your organization received United Way funding to complement a grant from OTF, that it would not have received otherwise, please include this.

If you did not receive any additional revenue, write N/A (not applicable) adjacent "Total".

<u>Government Sources</u>		<u>Non-Government Sources</u>	
Federal	\$	Business / Corporate Sector	\$
Provincial	\$	United Way	\$
Municipal	\$	Other Foundations	\$
Total	\$ <u>N/A</u>	Individuals	\$
		Total	\$ <u>N/A</u>

Organizational Impact

A10. How did your organization benefit from your OTF grant? Please check all that apply and provide details where required.

- Enhanced capacity to deliver services or programs
- Increased number of partnerships / networks formed in the community; specify the number of new partnerships: Three
- Increased membership in your organization
- More active organizational membership
- Improved staff training and development
- Enhanced technological capacity
- Enhanced organizational and/or strategic planning
- Enhanced organizational stability
- Increased funds raised: How much? \$
- Other, please specify:

Community Impact

A11. How did your grant benefit your community, clients, or participants? Please check all that apply.

- Created economic opportunities in your community
- Enhanced services, programs or events
- Increased participation in community life by removing barriers to participation (i.e., financial, social, cultural and linguistic barriers)
- Increased physical access to buildings, facilities
- Enhanced volunteerism by recruiting, training or diversifying the volunteer base
- Enhanced organizational effectiveness
- Made better use of community facilities or land by repairing, renovating or making them available to community groups
- Other, please specify:

Economic Impact

- | | |
|--|---|
| A12. Number of employment positions funded in your organization through your OTF grant: <u>N/A</u> FTE (Full time equivalents) | A14. Value of services (i.e., consulting, accounting, planning, etc.) purchased with OTF funds: \$ <u>\$19,633.22</u> |
| A13. Value of goods/equipment (i.e., office supplies, computers, resources, etc.) purchased with OTF funds: \$ <u>N/A</u> | A15. Value of construction / renovation contracts secured with OTF funds: \$ <u>N/A</u> |

SECTION B. FINANCIAL REPORT

B1. Financial Table

- **Please complete the Financial Table on the following page** by providing information on Approved and Actual Expenditures. Refer to your Letter of Agreement and any approved amendments that indicate the Expenditures Approved by OTF.
- Group your expenses under the following 6 categories: 1) Salaries and Benefits, 2) Program Costs, 3) Administration, 4) Capital, 5) Evaluation, and 6) Miscellaneous. List all your expenses in each of these categories. If you do not have expenses under a particular category, insert "N/A" (not applicable).

- B2. If there was a difference between your Approved and Actual Expenditures of more than \$1,000 please explain the reason(s) for the difference.

The total expenditures for the replacement of the furnaces at Dunbarton-Fairport United Church came to less than was originally forecast. Because our consultant did not bill us for the extra hours used to prepare the Long Range Plans for FOOTPRINTS, our Program Manager, Joanne Richmond, approved the re-allocation of funds (\$3,795.33 plus \$858.22) in order to pay CMCS.

B1. Financial Table (See Examples of Completed Tables found on the Ontario Trillium Foundation Website.)

Important: Please contact your Program Manager or Grants Associate before you re-allocate funds in your approved budget.

Expense Items (List all items approved in your Letter of Agreement under the appropriate categories below.)	Approved OTF Expenditures (\$)	Actual OTF Expenditures (\$)
<u>Salaries and Benefits</u> List items such as permanent staff, contract staff, benefits, etc.	N/A	N/A
<u>Program Costs</u> List program related expenses such as materials, resources, and transportation; services such as accounting, legal fees, etc. Consultant hired to complete a strategic plan.	\$15,000	\$19,633.55
<u>Administration</u> List expenses such as rent, insurance, office supplies, utilities, fax/phone, internet, etc.	N/A	N/A
<u>Capital</u> List purchases such as computers, office furniture, equipment, renovations, etc.	N/A	N/A
<u>Evaluation</u> List costs associated with undertaking an evaluation of your project such as consulting fees, or refreshments served at a post-program focus group, etc.	N/A	N/A
<u>Miscellaneous (please specify)</u>	N/A	N/A
TOTALS	<u>\$15,000</u>	<u>\$19,633.55</u>

SECTION C. RESULTS AND ACTIVITIES REPORT

C1. Complete the following Results and Activities Table. (See Examples of Completed Results and Activities Tables on our website.)

- Refer to your Letter of Agreement which lists the ‘Expected Results’ and any ‘Grant Conditions’ attached to your grant.
- Report on results and activities (planned and actual), and any Grant Conditions. Report on the entire period of your grant.

RESULTS		ACTIVITIES	
Describe in concrete terms the progress you have made in achieving <u>each of the ‘expected results’</u> . Please be as specific as possible, and quantify your results where possible. Include results related to grant conditions.		List the main tasks or activities completed through your grant. Include activities related to grant conditions.	
Planned	Actual	Planned	Actual
<p>Five year Strategic Plan completed and submitted.</p> <p>5 – 15 parents providing input into the strategic planning through a questionnaire.</p> <p>Minimum of 5 volunteers will have participated in two-day strategic planning session.</p>	<p>On advice from Joanne Richmond, we developed a Three-Year Strategic Plan. When our Nov. 1 OTF application was declined, we revised our Long-Term Plan to a Four Year plan.</p> <p>Sixteen families completed the questionnaire.</p> <p>On our consultant’s suggestion, and with Joanne Richmond’s agreement, we did not hold a 2-day session. Instead, we met with the 5 members of the Steering Committee one evening, with 6 volunteers another night, and one family and a volunteer on a third night.</p>	<p>A consulting company, CMCS, was hired to create a plan that would describe FOOTPRINTS 5 years in the future and lay out the steps needed to make that vision a reality. The consultants would explore a range of issues including program, children served, staffing, facilities, finance, and governance. The completed plan would be submitted to OTF for funding.</p> <p>Groups to be consulted would include the families of children with Autism Spectrum Disorder, the FOOTPRINTS co-ordinator, the volunteers, the Steering Committee, community organizations, and funders.</p> <p>CMCS would conduct</p>	<p>The fifty-six people who contributed to the discussion of FOOTPRINTS via hard copy surveys, group meetings, telephone interviews, and email correspondence were as follows:</p> <ul style="list-style-type: none"> - 16 families of children with Autism Spectrum Disorders - representatives of 2 local family organizations (the Autism Society of Ontario – Durham Chapter and CHATWest, a support group for parents) - all 5 members of the Steering Committee - FOOTPRINTS’ co-ordinator - 9 of the 18 volunteers - 21 people representing 8 community organizations: Grandview Children’s Treatment Centre, Durham

	<p>56 people were consulted via hard copy surveys, group meetings, telephone interviews and/or email correspondence.</p>	<p>additional research as needed, delineate actions to be undertaken each year, supported by a budget, vet a draft and adjust it as needed, and prepare the Trillium funding application.</p> <p>FOOTPRINTS requested that CMCS build into the Long-Term plan, help from a third party in monitoring implementation and measuring progress.</p>	<p>Association for Family Respite Services, Christian Horizons, Kerry's Place, Community Living Durham North, Community Living Oshawa/Clarington, Resources for Exceptional Children, and Durham Region's Infant Development Services.</p> <p>- Outside the region, CMCS received input and ideas from the Geneva Centre for Autism, RespiteServices.com, Meta Centre and Vita Community Services, all of Toronto.</p> <p>CMCS has prepared a vision for FOOTPRINTS with a four-year timeframe, to allow sufficient time to move FOOTPRINTS forward.</p> <p>With the publication of the Long-Term Plan, CMCS has outlined the Key Findings from its consultation; prepared a Future Vision for FOOTPRINTS; outlined Specific Changes to be Introduced including days, times and capacity of individual sessions, Programs, Scheduling, Application Process, Activities, Facilities, Volunteer Staffing, Coordination, Overall</p>
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			Administration, Fees, Marketing, networking and communication, Partnerships, and Finance; prepared Workplans from 2006 to 2009; prepared Budgets for the years 2006 to 2009.
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C2. i) Did you achieve all, some, or none of the results you expected to achieve during the grant period? Please check your answer.

All results achieved Some results achieved No results achieved

ii) If you were not able to achieve all of your expected results, please indicate why by checking all the reasons that apply.

- Delays in getting started
- Organizational / staffing changes (internal re-organization, board changes, etc.)
- Under-estimated time to complete the work
- Under-estimated resources needed for the work
- Loss of funding / revenue from other sources
- Lack of community support / partnerships needed for the work
- External factors beyond your control
- Other, please explain:

C3. If there were any unexpected results – positive or negative – from your work, please describe them.

There were no unexpected results from our study. We were pleased to see that FOOTPRINTS is providing a needed service; we were grateful for the suggestions on how to make it better for the families that need such a respite.

C4. Do you expect the activities resulting from your grant to continue once your grant ends?

- Yes, all activities will continue Yes, some activities will continue
 No, activities will not continue

If yes, how will this happen? Check all that apply.

- Your organization will do the work as part of its regular activities within your existing budget
- Time limited funding was received from other sources to continue the project. Please specify the source:
- Ongoing funding was received from other sources to continue the project. Please specify the source:
- Project will continue without additional funds, using volunteer support
- Other community organizations will take the project over, without using additional funds
- Other, please specify:

If no, please indicate why the work will not continue. Check all that apply.

- Project is complete (it was not intended to be ongoing)
- Funding was not obtained to sustain the project
- Lack of community interest
- Lack of community need for the project

- Lack of volunteer support
- Other, please specify:

C5. Please describe how your community, or the people you serve, benefited from your OTF grant? For instance, in what ways did your grant improve the quality of life in your community or of the people you serve?

From consultations, we learned that the stakeholders consider FOOTPRINTS to be a program that meets its goals of providing relief to parents while ensuring children who attend are “safe, healthy and want to return”. The work of the volunteers who provide one-to-one support is appreciated, and they are seen as being well trained and capable.

C6. Provide a brief summary (approximately ¼ to ½ page) of what your grant accomplished. Include a brief description of the results you achieved, the key things you learned, and what, if anything, you would do differently next time.

CMCS (our consultants) prepared a Long-Term Plan for FOOTPRINTS to cover the years 2006 to 2009, including specific workplans for each of those years, plus detailed Budgets. The following are the Key Findings, which help to define our direction:

“The most important finding from the stakeholder consultations is that FOOTPRINTS is well viewed as a respite service. The stakeholders consider FOOTPRINTS to be a program that meets its goals of providing relief to parents while ensuring the children who attend are “safe, healthy and want to return”. The work of the volunteers who provide one-to-one support is appreciated, and they are seen as being well trained and capable. Adjustments made over the last year and a half in the scheduled times of the sessions, especially extending Saturday by one hour, have been helpful to families. The church facilities are seen to be acceptable, the location in Pickering works well for most families, and the cost to families is appealing.

The stakeholders identified several key issues they felt should be addressed in the plan:

- FOOTPRINTS is not as well known among families, or community organizations that refer families to available services, as it might be. This seems to be the key reason why the program is not being used to capacity at present.
- Applying to FOOTPRINTS can be challenging for families, since the Coordinator is not directly available by phone. This means there are time delays which seem to discourage some families, especially those who are not sure they are ready to entrust their children to someone else’s care, even for a short period of time.
- Being able to book time slots further in advance would be helpful to families. Volunteers would also like more notice.
- The length of each session (2 or 3 hours) is not sufficient to attract some families to the program, especially on Saturdays. The location in the west part of the Region discourages people from eastern Durham from making use of it.
- Not all volunteers have received their initial training.
- Longer term financing is needed. FOOTPRINTS has been fortunate to obtain grants from the United Way, The Georgina Foundation, and Trillium, but sustaining funds are needed.

Stakeholders also offered many ideas on ways to make FOOTPRINTS better. For example:

- The number and kinds of activities provided to the children could be expanded.
- Some activities could focus on specific skill development – e.g. language, social, motor skills.
- Providing activities to siblings at the same time as their brothers and sisters would be helpful.

- More daytime respite sessions could be offered at special times of year – i.e. Christmas, March Break and summer.

Governance ideas put forward included increasing the size of the Steering Committee from 5 to 8, and reviewing the relative roles of the Committee and the Coordinator, especially as they relate to marketing, networking and information-sharing.”