



Brain Injury **Alliance**

COMMUNITY PROGRAM GRANT FINAL REPORT

Do not include in-kind or volunteer contributions in revenue, or expense amounts.

PLEASE REVIEW THESE INSTRUCTIONS CAREFULLY AND COMPLETE AS REQUESTED.

1. Interim reports must include data from the entire period July 1 - December 31.
2. Final reports must include data from the entire year July 1 - June 30.

Submission Details

The deadline for Community Program FINAL Report is: June 30

Submit to: contact@braininjuryalliance.ca

We gratefully acknowledge financial assistance from the Province of British Columbia

HOW TO CALCULATE DATA FOR IMPACT STATEMENTS

Some subjective judgement will be required with any of these criteria.

1. **EMPLOYMENT:** (count people not events)
 - a) There will be the opportunity to select 'new employment position' or 'maintained employment' on the proposal and reports form.
 - b) Actual number of clients that secured employment/ regular volunteer positions.
 - c) Number of clients that maintained employment at least in part due to agency's personal or practical support, based on the judgement of the employer, the client or your agency.
2. **IMPACT ON THE HEALTH CARE SYSTEM:** (count events, not people)
 - a) Number of staff supported health interventions such as:
 - attend an appointment with a client,
 - assist a client to research a health-related issue instead of going to emergency etc.,
 - successful intervention in 'talking a client down' and avoiding hospitalization or emergency care etc.,
 - participation in a hospital or care facility discharge planning meeting for a client.
 - b) When accepting a referral from the health authority due to client 'not eligible' for health authority services due to strict criteria for eligibility for their service, each visit by that person counts as a reduction in health system involvement.
 - c) **PLEASE DO NOT** count attendance at cooking or other wellness or health related educational programs.
3. **IMPACT ON THE CORRECTIONS SYSTEM:** (count events, not people)
 - a) Completion of an assessment and service plan with the client and/or the correctional service representative.
 - b) Each meeting required to conduct and/or implement this assessment and plan.
 - c) Staff attendance (face to face or virtual) at a meeting with a justice system representative.
 - d) For services provided with the in-custody population: Classroom based education is typically preceded by a baseline assessment. If this is completed then use the criteria established in that assessment. Typically, this will mean that one to one meetings/events are counted as above in 3a); for group educational events each event is counted and multiplied by the number of participants attending that event.
 - e) **PLEASE DO NOT** count a disclosure of possible criminal or illegal behaviour by a client or a third party (such as a partner if the behaviour involves possible domestic violence) when no agreement is made to establish a behaviour plan for the future.
 - f) **PLEASE DO NOT** count support toward participation in substance abuse treatment or self-help program as events leading to a reduction of interactions with the justice system unless this is a court order that you are assisting to facilitate.

Information About Organization Seeking Funding							
Organization Name							
Date:		Email address:		Phone			
Contact Person		Address:		City:		Postal Code:	

Program Types		
Select one of the following program types for each program you list on the following pages.		
Category of Service	Program Type	Description
One to One	Life skills	One to one services that focus on skill & task development, assistance with day to day living, social & emotional support.
	Case management	One to one services that focus on establishing connections in the community for medical, housing, financial, education &/or governmental services & supports; provides individualized education about brain injury, strategies to compensate for deficits; provides emotional support, assists with problem solving, some crisis management.
	Navigation	Similar to case management however service begins in the hospital and is typically time-limited.
Group Services	Life skills related	Group services that focus on skill & task development, emotional & peer support, assistance with day to day living, social supports.
	Educational groups	Group services for people with ABI & families that focus on education about brain injury, strategies to compensate for deficits, social support, emotional & peer support.
	Peer support groups	Group services that involve recruitment, training, supervision, and monitoring of people with ABI to provide emotional, social, and informational support to people who share similar experiences.
Special	Counseling	Services provided by a Masters level clinical counselor. Can be an employee or a contractor.
	Employment	A service that provides direct assistance geared to securing employment and/or volunteer work including work within your agency's programs. Organization Grants up to \$5,000.00 may be available through the Dr. Gur Singh Memorial Fund https://www.drqursinghgrants.ca/dr-gur-singh-organization-grants/
	Corrections	Service that is provided to individuals who are currently incarcerated and to staff within that system.
Injury Prevention & Community Education		Programs that are intended to raise awareness, knowledge & skills for individuals or groups outside of your direct client contacts, about brain injury &/or the prevention of injury &/or the services your society provides.

Organization Name:	Date:
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Client Services Program One (1)

Program Name						
Program Description						
Program Type	BUDGET July 1 - June 30		INTERIM REPORT July 1 - December 31		FINAL REPORT July 1 - June 30	
One to One	Program Frequency		Program Frequency		Program Frequency	
	Total Program Cost		Interim Program Cost		Total Program Cost	
	Population Served		Population Served		Population Served	
Group	# Unique Clients with ABI		# Unique Clients with ABI		# Unique Clients with ABI	
	# Family Members		# Family Members		# Family Members	
Specialty	# Other		# Other		# Other	
Impact						
Child/Youth	# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.	
Adult	# Reduced Health System Involve.		# Reduced Health System Involve.		# Reduced Health System Involve.	
Seniors	# Obtained Employment		# Obtained Employment		# Obtained Employment	
	# Maintained Employment		# Maintained Employment		# Maintained Employment	
	# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities	
	# People with Substance Use Issues		# People with Substance Use Issues		# People with Substance Use Issues	
	# People with Housing Issues		# People with Housing Issues		# People with Housing Issues	
	# Gained Housing		# Gained Housing		# Gained Housing	
	# Maintained Housing		# Maintained Housing		# Maintained Housing	
	# People with Mental Health Issues		# People with Mental Health Issues		# People with Mental Health Issues	

Organization Name:		Date:	
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Client Services Program One (1)

PROGRAM GOALS

Key Successes: For program 1, describe 1-2 major achievements and how they helped you reach your program goals.

Key Challenges: For program 1, describe 1-2 major obstacles, and how they impacted reaching your goals.

Organization Name:	Date:
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Client Services Program One (1)

NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name			
Financial			
Revenue	Annual Budget (12 mos) July 1 - June 30	Interim Report July 1 - Dec 31	Final Report July 1 - Jun 30
Alliance			
Other (Please describe. Do NOT include gifts in kind)			
Total Revenue			
Expenses - Detailed Item Description for project/program or service			
Wages			
Contractors			
Other (Please describe. Do NOT include gifts in kind)			
Administration (10% max)			
Facilities (10% max)			
Total Expenses			
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)			
Detail of 'other expenses'			
Direct Program Costs			
Consumables & give-aways (incl. food)			

Organization Name:	Date:
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Client Services Program Two (2)

Program Name						
Program Description						
Program Type	BUDGET July 1 - June 30		INTERIM REPORT July 1 - December 31		FINAL REPORT July 1 - June 30	
One to One	Program Frequency		Program Frequency		Program Frequency	
	Total Program Cost		Interim Program Cost		Total Program Cost	
	Population Served		Population Served		Population Served	
Group	# Unique Clients with ABI		# Unique Clients with ABI		# Unique Clients with ABI	
Specialty	# Family Members		# Family Members		# Family Members	
	# Other		# Other		# Other	
Impact						
Child/Youth	# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.	
Adult	# Reduced Health System Involve.		# Reduced Health System Involve.		# Reduced Health System Involve.	
Seniors	# Obtained Employment		# Obtained Employment		# Obtained Employment	
	# Maintained Employment		# Maintained Employment		# Maintained Employment	
	# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities	
	# People with Substance Use Issues		# People with Substance Use Issues		# People with Substance Use Issues	
	# People with Housing Issues		# People with Housing Issues		# People with Housing Issues	
	# Gained Housing		# Gained Housing		# Gained Housing	
	# Maintained Housing		# Maintained Housing		# Maintained Housing	
	# People with Mental Health Issues		# People with Mental Health Issues		# People with Mental Health Issues	

Organization Name:		Date:	
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Client Services Program Two (2)

PROGRAM GOALS

Key Successes: For program 2, describe 1-2 major achievements and how they helped you reach your program goals.

Key Challenges: For program 2, describe 1-2 major obstacles and how they impacted reaching your goals.

Organization Name:	Date:
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Client Services Program Two (2)

NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name			
Financial			
Revenue	Annual Budget (12 mos) July 1 - June 30	Interim Report July 1 - Dec 31	Final Report July 1 - Jun 30
Alliance			
Other (Please describe. Do NOT include gifts in kind)			
Total Revenue			
Expenses - Detailed Item Description for project/program or service			
Wages			
Contractors			
Other (Please describe. Do NOT include gifts in kind)			
Administration (10% max)			
Facilities (10% max)			
Total Expenses			
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)			
Detail of 'other expenses'			
Direct Program Costs			
Consumables & give-aways (incl. food)			

Organization Name:	Date:
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Client Services Program Three (3)

Program Name											
Program Description											
Program Type											
	BUDGET July 1 - June 30			INTERIM REPORT July 1 - December 31			FINAL REPORT July 1 - June 30				
One to One	Program Frequency			Program Frequency			Program Frequency				
	Total Program Cost			Interim Program Cost			Total Program Cost				
	Population Served			Population Served			Population Served				
Group	# Unique Clients with ABI			# Unique Clients with ABI			# Unique Clients with ABI				
Specialty	# Family Members			# Family Members			# Family Members				
	# Other			# Other			# Other				
Impact											
Child/Youth	# Reduced Crim. Justice Involve.			# Reduced Crim. Justice Involve.			# Reduced Crim. Justice Involve.				
Adult	# Reduced Health System Involve.			# Reduced Health System Involve.			# Reduced Health System Involve.				
Seniors	# Obtained Employment			# Obtained Employment			# Obtained Employment				
	# Maintained Employment			# Maintained Employment			# Maintained Employment				
	# Activities/Events with Indigenous Communities			# Activities/Events with Indigenous Communities			# Activities/Events with Indigenous Communities				
	# People with Substance Use Issues			# People with Substance Use Issues			# People with Substance Use Issues				
	# People with Housing Issues			# People with Housing Issues			# People with Housing Issues				
	# Gained Housing			# Gained Housing			# Gained Housing				
	# Maintained Housing			# Maintained Housing			# Maintained Housing				
	# People with Mental Health Issues			# People with Mental Health Issues			# People with Mental Health Issues				

Organization Name:		Date:	
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Client Services Program Three (3)

PROGRAM GOALS

Key Successes: For program 3, describe 1-2 major achievements and how they helped you reach your program goals.

Key Challenges: For program 3, describe 1-2 major obstacles and how they impacted reaching your goals.

Organization Name:	Date:
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Client Services Program Three (3)

NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name			
Financial			
Revenue	Annual Budget (12 mos) July 1 - June 30	Interim Report July 1 - Dec 31	Final Report July 1 - Jun 30
Alliance			
Other (Please describe. Do NOT include gifts in kind)			
Total Revenue			
Expenses - Detailed Item Description for project/program or service			
Wages			
Contractors			
Other (Please describe. Do NOT include gifts in kind)			
Administration (10% max)			
Facilities (10% max)			
Total Expenses			
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)			
Detail of 'other expenses'			
Direct Program Costs			
Consumables & give-aways (incl. food)			

Organization Name:		Date:	
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Client Services Program Four (4)
DO NOT COMPLETE IF SUBMITTING COMMUNITY EDUCATION APPLICATION

Program Name											
Program Description											
Program Type	BUDGET July 1 - June 30			INTERIM REPORT July 1 - December 31			FINAL REPORT July 1 - June 30				
One to One	Program Frequency			Program Frequency			Program Frequency				
	Total Program Cost			Interim Program Cost			Total Program Cost				
	Population Served			Population Served			Population Served				
Group	# Unique Clients with ABI			# Unique Clients with ABI			# Unique Clients with ABI				
	# Family Members			# Family Members			# Family Members				
Specialty	# Other			# Other			# Other				
Impact											
Child/Youth	# Reduced Crim. Justice Involve.			# Reduced Crim. Justice Involve.			# Reduced Crim. Justice Involve.				
Adult	# Reduced Health System Involve.			# Reduced Health System Involve.			# Reduced Health System Involve.				
Seniors	# Obtained Employment			# Obtained Employment			# Obtained Employment				
	# Maintained Employment			# Maintained Employment			# Maintained Employment				
	# Activities/Events with Indigenous Communities			# Activities/Events with Indigenous Communities			# Activities/Events with Indigenous Communities				
	# People with Substance Use Issues			# People with Substance Use Issues			# People with Substance Use Issues				
	# People with Housing Issues			# People with Housing Issues			# People with Housing Issues				
	# Gained Housing			# Gained Housing			# Gained Housing				
	# Maintained Housing			# Maintained Housing			# Maintained Housing				
	# People with Mental Health Issues			# People with Mental Health Issues			# People with Mental Health Issues				

Organization Name:		Date:	
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Client Services Program Four (4)

DO NOT COMPLETE IF SUBMITTING COMMUNITY EDUCATION APPLICATION

PROGRAM GOALS

Key Successes: For program 4, describe 1-2 major achievements and how they helped you reach your program goals.

Key Challenges: For program 4, describe 1-2 major obstacles and how they impacted reaching your goals.

Organization Name:	Date:
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Client Services Program Four (4)

DO NOT COMPLETE IF SUBMITTING COMMUNITY EDUCATION APPLICATION

NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name			
Financial			
Revenue	Annual Budget (12 mos) July 1 - June 30	Interim Report July 1 - Dec 31	Final Report July 1 - Jun 30
Alliance			
Other (Please describe. Do NOT include gifts in kind)			
Total Revenue			
Expenses - Detailed Item Description for project/program or service			
Wages			
Contractors			
Other (Please describe. Do NOT include gifts in kind)			
Administration (10% max)			
Facilities (10% max)			
Total Expenses			
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)			
Detail of 'other expenses'			
Direct Program Costs			
Consumables & give-aways (incl. food)			

Organization Name:	Date:
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Community Education/Injury Prevention Program OPTIONAL
DO NOT COMPLETE IF YOU INCLUDE A FOURTH CLIENT SERVICES PROGRAM

Program Name						
Program Description						
Program Type	BUDGET July 1 - June 30		INTERIM REPORT July 1 - December 31		FINAL REPORT July 1 - June 30	
Community Education Injury Prevention	Program Frequency		Program Frequency		Program Frequency	
	Total Program Cost		Total Program Cost		Total Program Cost	
Target Pop.						
Sports Teams /Events Community Events Community Groups Schools Grades 1-12 Post Secondary Other	Pop. Served		Pop. Served		Pop. Served	
	# Child/Youth		# Child/Youth		# Child/Youth	
	# Adult		# Adult		# Adult	
	# Seniors		# Seniors		# Seniors	
	Describe Other Target Populations		Describe Other Target Populations		Describe Other Target Populations	

Organization Name:		Date:	
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Community Education/Injury Prevention Program **OPTIONAL**
DO NOT COMPLETE IF YOU INCLUDE A FOURTH CLIENT SERVICES PROGRAM

PROGRAM GOALS

Key Successes: For the community education/injury prevention program, describe 1-2 major achievements and how they helped you reach your program goals.

Key Challenges: For the community education/injury prevention program, describe 1-2 major obstacles and how they impacted reaching your goals.

Organization Name:	Date:
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Community Education/Injury Prevention Program OPTIONAL
DO NOT COMPLETE IF YOU INCLUDE A FOURTH CLIENT SERVICES PROGRAM

NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name			
Financial			
Revenue	Annual Budget (12 mos) July 1 - June 30	Interim Report July 1 - Dec 31	Final Report July 1 - Jun 30
Alliance			
Other (Please describe. Do NOT include gifts in kind)			
Total Revenue			
Expenses - Detailed Item Description for project/program or service			
Wages			
Contractors			
Other (Please describe. Do NOT include gifts in kind)			
Administration (10% max)			
Facilities (10% max)			
Total Expenses			
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)			
Detail of 'other expenses'			
Direct Program Costs			
Consumables & give-aways (incl. food)			

Community Program Grant Final Report

Organization Name:	Date:
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NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Financial Summary – All Programs			
Revenue	Budget (12 mos) July 1 - June 30	Interim Report July 1 - Dec 31	Final Report July 1 - Jun 30
Alliance			
Other			
Other			
Total Revenue			
Expenses -Detailed Item Description for project/program or service			
Wages			
Contractors			
Other			
Other			
Administration (10% max)			
Facilities (10% max)			
Total Expenses			
Surplus/Deficit (MUST ADD UP TO ZERO)			
Comments			

Organization Name:		Date:	
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STORY OF BENEFIT FROM ALLIANCE FUNDING

Please share ONE story about an individual or family that has benefited from Alliance funded services. Maximum 250 words. Please ensure that the individual consents to share their story.

Submit a signed authorization form (included on following page) from the individual that grants the Alliance permission to use this story and any photographs related to this person.

You may also share a story about the social impacts of Alliance funding as your success story, or as an additional story.

NOTE: Please attach copies of current brochures or program material that are relevant to the work that was funded in whole, or in part, by the Alliance.

Organization Name:		Date:	
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Brain Injury Alliance | ARTICLE, IMAGE & DIGITAL MEDIA CONSENT FORM

WHEREAS the Alliance is a province wide organization in British Columbia working to improve the quality of life of persons living with a brain injury, their families and their community.

WHEREAS the Alliance from time to time collects and publishes articles, photographs, images, and audio recordings for the purpose of encouraging public awareness and understanding of the lives of persons living with a brain injury and obtaining funding.

I hereby give the Alliance, its representatives and employees, permission to use and/or reproduce all digital media taken of, or including me, and/or information gathered about or including me by the Alliance or by any nominee of the Alliance, including any agency, clients, publication or other organization or institution, in all forms of media, for distribution to the general public for the purposes of publicity and promotion of the Alliance (the "Digital Media").

I further consent to the reproduction or use of the Digital Media with or without my name, and consent that the Alliance may seek copyright of the Digital Media in their name. I understand and agree that the Digital Media will become property of the Alliance and may not be returned.

I hereby release and hold harmless the Alliance and its nominees from all liability which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf may have for any violation of any personal or proprietary right I may have in connection with the Digital Media.

I affirm that I am at least 19 years of age, or if I am under 19 years of age, I have obtained the required consent of my parents/legal guardians as evidenced by the signatures below.

Signed this _____ day of _____, 20_____.

Client Name (please print)

Name of Client's Brain Injury Agency

Signature

Organization Name:		Date:	
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Acceptance of Terms and Conditions

I hereby acknowledge that this report was made with the knowledge of, and approval by, the board of directors of the organization reporting, and agree to comply to the following terms to continue receipt of Alliance funding:

- Successful applicants must recognize the Brain Injury Alliance (Alliance) funding by posting the Alliance logo on their website where other contributors to their organization are mentioned AND recognize the financial assistance from the Province of British Columbia.
- Successful applicants must recognize the Provincial Government and the Brain Injury Alliance when the funded program is reported on by media.
- Provided program performance review forms must be completed within the deadlines provided to retain eligibility for subsequent grants.
- Grants are not transferable to other programs not identified in this application, or to other groups without the written permission of the Alliance.
- Subsequent funding may be provided following an approved program performance review. The Alliance does not guarantee multi-year funding.
- Funds not used must be returned to the Brain Injury Alliance. An alternate use of the funds may be granted following a review of a formal written request to the Alliance.
- The Brain Injury Alliance reserves the right to publish the names of successful applicants (individuals and/or organizations) in any or all media.
- Applicants are responsible for ensuring that all necessary applications and required documents are received by the Alliance on or before the expiry of grant application deadlines.
- The Brain Injury Alliance reserves the right to deny a grant request, or to limit the amount of grants issued to any or all groups.
- Funding allocations may vary depending on the number of successful applicants, and amounts applied for within the funding cycle.

Authorized Officer Name:	Signature:
Date Authorized Officer Signed (mm/dd/yyyy):	

Submission Details

The deadline for Community Program Interim Reports is: Midnight January 31st

Submit applications and related documents to: contact@braininjuryalliance.ca

We gratefully acknowledge financial assistance from the Province of British Columbia