IMPACTS ON STUDENT LEARNING GRANT ROUND TWO:

**FINAL REPORT**

**Due: Friday, April 19, 2024**

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| **Name of First Nation:** |
| **Contact Name:** | **Email:** | **Phone:** |
| **Activities undertaken (please complete the section for all program areas that apply)** |
| **We used the funding for Innovations in Education**: yes no If yes, please fill out the next row. |
| # of students involved in the Innovation in Education: Grade levels of students involved: Please describe your program: |
| **Budget for Innovations in Education**  | **Amount Spent** |
| Staff wages and benefits (including coordinator, if applicable) | $ |
| Facilities |  |
| Meals and snacks |  |
| Materials / resources (please describe)  |  |
| Elders honoraria |  |
| Attendance incentives (please briefly describe)  |  |
| Other (please describe)  |  |
| Other (please describe)  |  |
| Total Budget for Innovations in Education |  |

|  |  |
| --- | --- |
| **We applied for funding to run extra-curricular activities**: yes no If yes, please fill out the next row. |  |
| # of students involved in the extra-curricular learning hours: Grade levels of students involved: Please describe your activities: |  |
| **Budget for “Extra-curricular” activities** | **Amount Spent** |
| Wages and benefits (including coordinator, if applicable) |  |
| Facilities |  |
| Meals and snacks |  |
| Materials / resources (please describe)  |  |
| Attendance incentives (please briefly describe)  |  |
| Other (please describe)  |  |
| Total Budget for Extra-Curricular Activities |  |
| **We applied for funding for a holiday or Saturday “learning academy/program”:** yes no If yes, please fill out the next row. |
| # of students involved in the “learning academy/program”: Grade levels of students involved: Schedule for the initiative:Please describe your activities: |
| **Budget for a “Learning Academy”** | **Amount Spent** |
| Wages and benefits (including coordinator, if applicable) |  |
| Facilities |  |
| Meals and snacks |  |
| Materials / resources (please describe)  |  |
| Attendance incentives (please briefly describe)  |  |
| Other (please describe)  |  |
| Total Budget for Learning Academy |  |
| **We applied for funding for a tutoring initiative: yes \_\_\_\_ no \_\_\_\_** If yes, please fill out the next row. |
| # of students involved: Grade levels of students involved: Schedule for the initiative:Please describe your activities: |
| **Budget for Tutoring Initiative** | **Amount Spent** |
| Wages and benefits (including a coordinator, if applicable) |  |
| Facilities |  |
| Snacks |  |
| Materials / resources (please describe)  |  |
| Attendance incentives (please briefly describe)  |  |
| Other (please describe)  |  |
| Total Budget for Tutoring Initiative |  |
| **We applied for funding for home-based learning supports: yes no** If yes, please fill out the next row. |
| # of students impacted by the program: # of families impacted by the program: Please describe your activities: |
| **Budget for Home-Based Learning Supports** |  |
| Project Coordinator fees (please indicate the hours required):  |  |
| Facilities for retreat / workshop: |  |
| Book purchases (please briefly describe):  |  |
| Supply purchases (please briefly describe):  |  |
| Technology purchases (please briefly describe):  |  |
| Other (please describe):  |  |
| Total Budget for Home Based Learning Supports |  |
| **We applied for funding for a community partnership program: yes no** If yes, please fill out the next row. |
| # of students impacted by the program: Grade levels of students involved: Please describe your activities: |
| **Budget for Community Partnership Program** | **Amount Spent** |
| Project Coordinator / supervisor fees (please indicate hours required):  |  |
| Supply purchases (please briefly describe):  |  |
| Transportation supports (please briefly describe):  |  |
| Other (please describe):  |  |
| Other (please describe):  |  |
| Total Budget for Community Partnership Program |  |
| **We applied for funding for technology supports: yes no** If yes, please fill out the next row. |
| # of students impacted by the technology supports: Grade levels of students involved: Please describe your activities: |
| **Budget for Technology Supports** | **Amount Spent** |
| Project Coordinator fees (please indicate the hours required):  |  |
| Technology purchases (please briefly describe):  |  |
| Other (please describe):  |  |
| Other (please describe):  |  |
| Total Budget for Technology Supports |  |
| **SUB-TOTAL SPENT ON ALL ACTIVITIES** |  |
| **Administration Fee**  |  |
| **TOTAL SPENT ON ALL ACTIVITIES:** |  |

Final Report Deadline: **April 19, 2024.**

Completed Reports Emailed to: soniao@fnesc.ca

If you have any questions or require additional support, please reach out to Sonia.