CPIP Year End Report Siim ohksin: Wahkotiwin Programs

Organization Name:
Program Name:
Reporting Period: January 1, 2020 to December 31, 2020

Crime Prevention Level

1. Crime Prevention Level: (*Should match current Theory of Change.*)
    ____ Early Identification
    ____ Prevention of Re-offending
    ____ Siim ohksin: Wahkotiwin

Program Activities

2. Describe program activities implemented in this time period. This should match the 'strategy' section of current Theory of Change. If actual program activities are different than planned activities as described in the Theory of Change, explain why.
    _____
    _____
    _____

Clients, Contacts, Volunteers, Volunteer Hours

3. Report the number of unique individual clients or participants over the past year where a client file was opened. _____ (number)

    •Individuals should only be counted once per program.
    •Do not include 'contacts' because they are counted separately

4. Please provide any available information the program collects on participant demographics (e.g. age, gender, ethnicity, Cultural group (for example, Metis, Siksika etc.)
    _____
    _____
    _____

5. Program recruitment and completion information:

    Number of individual clients/participants who began the program in this time period: _____
    Number of individual clients/participants who completed the program in this time period: _____
    Percentage of individual clients/participants who complete the program [calculated by FIMS]

    If you have additional information on program recruitment and completion, share it here:
    _____
    _____
    _____

6. If the program is experiencing challenges with recruitment and retention, describe efforts to address them. If the program is not experiencing challenges with recruitment and retention, write "not applicable".
    _____
    _____
    _____

7. Report the number of contacts. A contact is a service where no client file is opened. It includes but is not limited to: telephone inquiries, drop-ins, one-time assistance with forms or referrals, participation in one-time information or education sessions, participation in community events, etc.
   _____ (number)

   - Do not include the number of times a worker meets with a client from the 'individual clients/participants served' category.
   - Do not include the number of web hits received.
   - Do not include the number of newsletters or brochures distributed.

8. Comments regarding number of contacts.
   _____
   _____
   _____

9. Indicate the number of volunteers that provided support that directly benefited your program (e.g., volunteers who provide administrative support, direct program support, governance, fundraising, etc.).
   _____ (number)

   - Volunteers should be counted only once.
   - If volunteers provide support that directly benefits more than one CPIP funded program, please count them in only one of the program's Year End Reports.

10. Comments regarding number of volunteers.
    _____
    _____
    _____

11. Report the total number of hours that all of your volunteers have worked to support your program during this 12-month reporting period.
    _____ (number)

12. Comments regarding number of volunteer hours.
    _____
    _____
    _____

Continuous Improvement

13. Drawing on formal and informal data/information collected, what is working well with the program and why? How will the program sustain these successes?
    _____
    _____
    _____

14. Drawing on formal and informal data/information collected, what isn't working well with the program and why? How will these challenges be addressed going forward?
    _____

_____
_____

15. If there have been any contextual changes to the program, for instance in program goals, population served, activities, please describe them here.

_____
_____
_____

16. To aid CPIP in its own continuous improvement efforts, please provide feedback on ways in which this reporting process could be improved.

_____
_____
_____

Additional Comments

17. If there is anything else you would like to tell us, please do so here.

_____
_____
_____