

Indigenous Health

528 Wentworth Street

Nanaimo, BC V9R 3E4

Telephone: (250) 755-7691 Ext. 57571

Fax: (250) 740-6911

**MID-TERM REPORT**

**2021-2022**

**Organization Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contract Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reporting Period:**

* **Mid - Term** (April 1 – September 30)

**REPORT COMPLETED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**( Please Print)**

**TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please sign and date)**

PROGRAM ACTIVITIES REPORT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | SERVICES/ ACTIVITIES OUTLINED IN SCHEDULE A | | | |
| Project Objectives | | **Services /**  **Project Activities** | **Project**  **Outcomes** | **Number of Participants & Target Population** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| **2.** | | **Challenges and plans to address them:** | | |
| **3.** | | **Community Partners other organizations, physicians, VIHA, FNIH, community members (youth, family, elders, etc):** | | |
| **4.** | | **Evaluation Activities:** | | |

**FINANCIAL REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item**  **Description** | **Annual**  **Approved**  **Budget** | **Months 1-6**  **Actual Expenditures** | **Year to Date Variance** |
| **REVENUE** |  |  |  |
|  |  |  |  |
| **EXPENSES** |  |  |  |
| Employee Costs: |  |  |  |
| Salary/Wages |  |  |  |
| Benefits |  |  |  |
| Total Employee Costs: |  |  |  |
|  |  |  |  |
| Non-Employee Costs: |  |  |  |
| Training: |  |  |  |
| Facilitators: |  |  |  |
| Honorariums - Max 5% |  |  |  |
| Project Supplies |  |  |  |
| Travel |  |  |  |
| Other Expenses:  Please specify: |  |  |  |
|  |  |  |  |
| Total Non-Employee Costs: |  |  |  |
|  |  |  |  |
| Administration Costs – Must not exceed 10% |  |  |  |
| **Total** |  |  |  |

Please feel free to include articles, pictures, or material that relates to this project.

**Please submit by November 1, 2021 and also any questions to:**

Michelle Gauthier

Vancouver Island Health Authority

Aboriginal Health

Fax: (250) 740-6911

Email: Michelle.Gauthier@viha.ca