

French Second Language Revitalization Program

FINAL REPORT 2009-2010

Please answer all questions. You may provide more information in an attachment. For further information, please visit the provincial government's website at www.edu.gov.mb.ca/languages/index.html or contact our office at 204-945-6916, toll free 1-800-282-8069, ext. 6916 or by e-mail: palo-olsp@gov.mb.ca.

PART A – INFORMATION ABOUT THE ORGANIZATION

1. Name of Organization	
2. Name of Contact Person	
3. Title of Contact Person	
4. Address (if different from above)	
5. Telephone	204 - -
6. Fax	204 - -
7. E-mail	

PART B – EVALUATION OF PROJECT

1. Project title		
2. Duration	From:	To:
3. Results of the Project		
<p><i>Briefly describe the results of the project using the indicators identified in your application form. What are the measurable or observable results you have achieved? Include percentages, satisfaction ratings, and quality improvement measures, etc.</i></p>		

4. Modifications


If the project did not achieve the results and objectives as indicated in the grant application, please state the reasons.

5. Targeted Population and Number of Individuals who have benefited from this project

STUDENTS	French Immersion	Basic French	TOTAL STUDENTS
Elementary (K-8)			
Senior High (9-12)			
ADULT STUDENTS	French Immersion	Basic French	TOTAL STUDENTS
University			
Community College			
Continuing Education			
TEACHERS	French Immersion	Basic French	TOTAL TEACHERS
Elementary (K-8)			
Senior High (9-12)			
OTHER (Specify)			

6. Partnerships

List the name and address of all other organizations that have been involved in the project and describe their role (office space, rentals, staff secondments, technical support, etc.).

 Attach, if available, appropriate documentation (letters confirming the nature/amount of support).

7. Future Funding

Will the project continue? If yes, indicate how future funding will be ensured.

PART C – STATEMENT OF REVENUE AND EXPENDITURES

Statement of Expenditures	2009-2010
Wages (<i>positions filled by salaried employees, amount of wages and benefits for each</i>) Specify :	\$
Fees (<i>audits and professional services, such as artistic performances, consulting, etc.</i>) Specify :	\$
Office – Operating Costs (<i>rentals, insurance, utilities, telephone, stationery, etc.</i>) Specify :	\$
Project Materials and Supplies Specify :	\$
Transportation (<i>Indicate the nature of the travel costs.</i>) Specify :	\$
Meals and Accommodations Specify :	\$
Advertising (<i>publication of brochures, posters and media advertising</i>) Specify :	\$
Other Specify :	\$
In Kind Support (<i>volunteer work, free services, use of equipment, etc.</i>) Specify :	\$
TOTAL EXPENDITURES	\$

Statement of Revenue	2009-2010
Direct Revenue (<i>registration fees, sales, membership dues, funds raised, subscriptions</i>) Specify :	\$
Contribution from Organization Specify :	\$
Other (<i>Indicate all other possible sources of funding from other levels of government, other provincial departments, foundations or donations.</i>) Specify :	\$
Contribution In Kind (<i>value of volunteer work, donation of services, supplies and equipment to be used</i>) Specify :	\$
French Second Language Revitalization Program (Total amount of the grant)	\$
TOTAL REVENUE	\$

PART D – CERTIFICATION

I hereby certify that the information provided in the Final Report, including the attachments, if applicable, is complete and accurate. I also certify that the Statement of Revenue and the Statement of Expenditures, forming part of this Final Report (Part C), fairly states the financial results of the project for the 2009-2010 year.

Name of person authorized to sign (President, Executive Director, Superintendent or Assistant Superintendent)

Name (Print)		Title	
Signature		Date	

Please sign this report and send before September 15, 2010 at the following address:

French Second Language Revitalization Program
Manitoba Education, Citizenship and Youth
Bureau de l'éducation française Division
509 – 1181 Portage Avenue
Winnipeg MB R3G 0T3
or
Fax: 204-945-1625