



BRAIN INJURY ALLIANCE

[contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)

[www.braininjuryalliance.ca](http://www.braininjuryalliance.ca)

# INTERIM REPORT

August 1<sup>st</sup> to January 31<sup>st</sup>

**DUE FEBRUARY 28<sup>th</sup>**

**NOTE: DOWNLOAD THIS FORM TO YOUR DESKTOP BEFORE FILLING IT IN.**

## **PRIOR TO BEGINNING THIS REPORT**

1. Have your most recent Alliance Grant Application on hand.
2. Have the most recent grant letter provided by the Alliance on hand.
3. Have all this reporting period's interim files on hand.

### SECTION A – GENERAL INFORMATION

Name of Member Agency: \_\_\_\_\_

Contact Name Responsible For This Report: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

We gratefully acknowledge the financial assistance of the Province of British Columbia

# Brain Injury Alliance Interim Report Form

(August 1<sup>st</sup> to January 31<sup>st</sup>) - Page 1

Agency: \_\_\_\_\_

Report Date (mm/dd/yyyy): \_\_\_\_\_



## SECTION B: PROGRAM REPORTING

### SECTION B1 – PROGRAM 1 FUNDED BY ALLIANCE: CLIENT SERVICES

Program 1 Name: \_\_\_\_\_

Program 1 Category: **One to One Services:** Yes No **Group Services:** Yes No

1.1. How many unique persons with brain injury were predicted to be served by this program? \_\_\_\_\_

1.2. How many unique persons with brain injury did the program serve in this 6 month period? \_\_\_\_\_

1.3. Briefly explain how Alliance funds impacted people this program served: (attach any additional comments)

### SECTION B2 – PROGRAM 2 FUNDED BY ALLIANCE: CLIENT SERVICES

Program 2 Name: \_\_\_\_\_

Program 2 Category: **One to One Services:** Yes No **Group Services:** Yes No

2.1. How many unique persons with brain injury were predicted to be served by this program? \_\_\_\_\_

2.2. How many unique persons with brain injury did the program serve in this 6 month period? \_\_\_\_\_

2.3. Briefly explain how Alliance funds impacted people this program served: (attach any additional comments)

# Brain Injury Alliance Interim Report Form

(August 1<sup>st</sup> to January 31<sup>st</sup>) - Page 2

Agency: \_\_\_\_\_

Report Date (mm/dd/yyyy): \_\_\_\_\_



## SECTION B: PROGRAM REPORTING

### SECTION B3 – PROGRAM 3 FUNDED BY ALLIANCE: CLIENT SERVICES

Program 3 Name: \_\_\_\_\_

Program 3 Category: **One to One Services:** Yes No **Group Services:** Yes No

3.1. How many unique persons with brain injury were predicted to be served by this program? \_\_\_\_\_

3.2. How many unique persons with brain injury did the program serve in this 6 month period? \_\_\_\_\_

3.3. Briefly explain how Alliance funds impacted people this program served: (attach any additional comments)

### SECTION B4 – PROGRAM 4 FUNDED BY ALLIANCE: CLIENT SERVICES

Use page 4 to report on a  
Community Service Program

Program 4 Name: \_\_\_\_\_

Program 4 Category: **One to One Services:** Yes No **Group Services:** Yes No

4.1. How many unique persons with brain injury were predicted to be served by this program? \_\_\_\_\_

4.2. How many unique persons with brain injury did the program serve in this 6 month period? \_\_\_\_\_

4.3. Briefly explain how Alliance funds impacted people this program served: (attach any additional comments)

# Brain Injury Alliance Interim Report Form

(August 1<sup>st</sup> to January 31<sup>st</sup>) - Page 3

Agency: \_\_\_\_\_

Report Date (mm/dd/yyyy): \_\_\_\_\_



## SECTION B: PROGRAM REPORTING

Organizations can receive Alliance funding for up to four (4) community program grants. This includes a maximum of one (1) Community Education/Injury Prevention program.

If you have already reported on four (4) client service programs, DO NOT report below on a community service program. The section below is only for agencies that have reported on three (3) or less client services programs.

### SECTION B4 – PROGRAM 4 FUNDED BY ALLIANCE: COMMUNITY SERVICE PROGRAM

Program 4 Name: \_\_\_\_\_

Program 4 Category: **Injury Prevention:** Yes No **Community Education:** Yes No

4.1. What was the projected number of persons this program was expected to serve? \_\_\_\_\_

4.2. What was the total number of persons the program served during this report period? \_\_\_\_\_

4.3. Briefly explain how Alliance funds impacted people this program served: (attach any additional comments)

# Brain Injury Alliance Interim Report Form

(August 1<sup>st</sup> to January 31<sup>st</sup>) - Page 4

Agency: \_\_\_\_\_

Report Date (mm/dd/yyyy): \_\_\_\_\_



## SECTION C – FINANCIAL REPORT / USE OF ALLIANCE FUNDS

A full financial report for these grant funds will be required in September of this year.

A. How much was the total annual grant that your organization received from the Alliance for these programs during this 12 month grant period (August last year to July this year)? \$ \_\_\_\_\_

B. How have you allocated funds received?

Program 1 (name) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Program 2 (name) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Program 3 (name) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Program 4 (name) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Are program expenditures on-track with allocations? If not, briefly explain: (attach any additional comments)

## SECTION D – SOCIAL IMPACTS OF ALLIANCE FUNDING

a. Did any of the people your agency served obtain employment during this period?

Y      N      How many? \_\_\_\_\_ Please list employment type and frequency below.

b. Did any of your agency's services reduce client involvement with medical/hospital services?

Y      N      How many? \_\_\_\_\_ Please list type and how:

c. Did any of your agency's services reduce client involvement with the justice system?

Y      N      How many? \_\_\_\_\_ Please list type and how:

If yes to any, please tell us about this either as your success story, or as an additional success story.

**We gratefully acknowledge the financial assistance of the Province of British Columbia**

# Brain Injury Alliance Interim Report Form

(August 1<sup>st</sup> to January 31<sup>st</sup>) - Page 5

Agency: \_\_\_\_\_

Report Date (mm/dd/yyyy): \_\_\_\_\_



## SECTION E – AGENCY/EMPLOYEE IMPACT OF ALLIANCE FUNDING

Please provide a brief narrative stating how Brain Injury Alliance funds have impacted your employees and your organization:

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

If you have any questions, please contact the Brain Injury Alliance at: [contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)

**We gratefully acknowledge the financial assistance of the Province of British Columbia**

# Brain Injury Alliance Interim Report Form

(August 1<sup>st</sup> to January 31<sup>st</sup>) - Page 6

Agency: \_\_\_\_\_

Report Date (mm/dd/yyyy): \_\_\_\_\_



## SECTION F – STORY OF BENEFIT FROM ALLIANCE FUNDING

Please share ONE story about an individual or family that has benefited from Alliance funded services:

We gratefully acknowledge the financial assistance of the Province of British Columbia