

contact@braininjuryalliance.ca

www.braininjuryalliance.ca

INTERIM REPORT

August 1st to January 31st

DUE FEBRUARY 28th

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:

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Agency: ______Report Date (mm/dd/yyyy): _____



SECTION B: PROGRAM REPORTING

ECTION B1 - PROGRAM 1 FUNDED BY AL	LIANCE	: CLIEN	T SERVICES		
rogram 1 Name:					
rogram 1 Category: One to One Services:	Yes	No	Group Services:	Yes	No
1. How many unique persons with brain injury	were pre	dicted to	be served by this prog	gram?	
2. How many unique persons with brain injury	did the pr	ogram s	erve in this 6 month p	eriod?	
3. Briefly explain how Alliance funds impacted p	people this	s prograr	n served: (attach any ad	ditional com	ments)
ECTION B2 - PROGRAM 2 FUNDED BY AL	LIANCE	: CLIEN	T SERVICES		
rogram 2 Name:					
rogram 2 Category: One to One Services:				Yes	No
How many unique persons with brain injury			be served by this pro	ogram?	
2. How many unique persons with brain injury					
Briefly explain how Alliance funds impacted	·	· ·			
3. Brieffy explain flow Amarice funds impacted	people ti	iis progr	ani served. (allacirany		ommen

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Agency: _______Report Date (mm/dd/yyyy): ______



SECTION B: PROGRAM REPORTING

<u> SECTION B3 – PROGRAM 3 FUNDED BY AI</u>						
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 pr	edicted t	o be serv	ved by this p	orogram?	
3.2. How many unique persons with brain injury	did the	program	serve in	this 6 mont	h period?	
3.3. Briefly explain how Alliance funds impacted	d people	this prog	ram serv	ed: (attach a	ny additional	commen
SECTION B4 - PROGRAM 4 FUNDED BY A	LLIANCE	E: CLIEN	IT SERV		age 4 to repor	
SECTION B4 - PROGRAM 4 FUNDED BY AI Program 4 Name:					age 4 to repor nunity Service	
Program 4 Name:	Yes	No	Group	Services:	Yes	Program
Program 4 Name: Program 4 Category: One to One Services: 4.1. How many unique persons with brain injury	Yes were pro	No edicted to	Group o be serv	Services: ed by this p	Yes program? _	Program
Program 4 Name:	Yes were pro	No edicted to	Group o be serv serve in t	Services: ed by this p	Yes program? _	No
Program 4 Name: Program 4 Category: One to One Services: 4.1. How many unique persons with brain injury	Yes were pro	No edicted to	Group o be serv serve in t	Services: ed by this p	Yes program? _	No
Program 4 Name:	Yes were pro	No edicted to	Group o be serv serve in t	Services: ed by this p	Yes program? _	No
Program 4 Name:	Yes were pro	No edicted to	Group o be serv serve in t	Services: ed by this p	Yes program? _	No
Program 4 Name:	Yes were pro	No edicted to	Group o be serv serve in t	Services: ed by this p	Yes program? _	No
Program 4 Name:	Yes were pro	No edicted to program	Group o be serv serve in t	Services: ed by this p	Yes program? _	No

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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:		1 1 1 1 1 1			
Program 4 Category: Injury Prevention:	Yes	No	Community Education:	Yes	No
4.1. What was the projected number of pe	rsons th	is progra	am was expected to serve?	·	
4.2. What was the total number of persons t	he progr	am serv	ed during this report period?	?	
4.3. Briefly explain how Alliance funds impa	cted peo	ple this p	orogram served: (attach any a	dditional d	commen

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Agency: ______Report Date (mm/dd/yyyy): _____



SECTION C - FINANCIAL REPORT / USE OF ALLIANCE FUNDS

A. How r	much wa	as the total annual grant	ant funds will be required in September of this year. that your organization received from the Alliance for these od (August last year to July this year)? \$
B. How h	nave you	allocated funds received	d?
Program	1 (name))	Amount \$
Program 2 (name)			
			Amount \$
			Amount \$
			llocations? If not, briefly explain: (attach any additional comments)
SECTI	ON D –	SOCIAL IMPACTS OF A	ALLIANCE FUNDING
a. Did an Y			red obtain employment during this period? Please list employment type and frequency below.
			e client involvement with medical/hospital services? Please list type and how:
		r agency's services reduc	e client involvement with the justice system? Please list type and how:
ī	IN	110w many !	Flease list type and flow.

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

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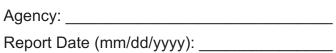
SECTION E - AGENCY/EMPLOYEE IMPACT OF ALLIANCE FUNDING

Please provide a brief narrative stating how Brain Injury Alliance funds have impacted your employee 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

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SECTION F – STORY OF BENEFIT FROM ALLIANCE FUNDING

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