	Indigenous Health –	Narrative Report
	☐Midterm Report April 1	. – September 30
island health	☐ Final Report October 1	•
Organization Name:		
Contract Name:		
Contract Number:		
Report Completed by	:	
Telephone:		
Email:		
Approved by:		
OVERALL HEALTH		
·	•	overall functionality and progress towards successful
		pployee productivity, ability to meet deadlines, budgeting, te future contract health (upward ( $\uparrow$ ), stable ( $\rightarrow$ ), downward
ina quality of assignment ↓).	s. Trena analysis nelps communica	te future contract neatth (upwara (+), stable (→), downwara
Overall Health	Choose an item.	
Scope	Choose an item.	
Schedule		
Budget		
Trend		
Percent Complete		
,		
NEDVIEW: Priofly sum	emarize the centract's anals and in	tandad autromas
JVERVIEW. Briefly Surr	nmarize the contract's goals and int	ended outcomes
		ompleted, including millstones and deliverables met since
the last report period. Do	not include any meeting updates.	Midterm & Final Report)

<b>EY PROGRESS PLANNED FOR NEXT PERIOD:</b> Major/key activities completed, including millstones and liverables you expect to meet for the next reporting period. Do not include any meeting updates. <b>(Mid Report)</b>						
verables you expect to meet for the next i	eportung period. Do ne	thetade any mee	tang apaates. (II	ma report,		
ILESTONES AND DELIVERABLES						
escribe the status for all Milestones/Delive				<b>40.</b> .		
Deliverable or Milestone	Lead	Start Date	End Date	*Status		
	*St	atus: Not started	/In Progress/	Delayed / Doi		
ALLENGES AND PLANS TO ADDI	RESS THEM:					
CCESS AND HIGHLIGHTS:						
CCESS AND HIGHLIGHTS.						

<b>EVALUATION ACTIVITIES:</b>		

### **CLINICAL STATISTICAL REPORTING:**

### **SUMMARY REPORT OF PROGRAM CLIENT PROFILES**

	Midterm	Year to date			
Clients Served					
	Child (0-12)	Youth (13-18)	Adult (19-55)	Elder (56 +)	
Client Age Group					
	Female	Male	Trans		
Client Gender					
	Status	Non-Status	Metis	Inuit	Other
Client Ethnicity					
	On-Reserve	Off-Reserve			
Client Residency					

# FINANCIAL REPORTING (MIDTERM AND FINAL REPORTING)

Line Item	Annual Approved	Annual Actual	Variance
Description	Budget	Expenditures	
		April 1 – March 31	
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:		

## **REPORTING ACCOUNTABILITIES:**

Submit to the Contract Coordinator, Indigenous Health, Island Health (ISLH) Final report within <u>30 days after the end of the term</u> showing utilization of funds. Failure to report may have an impact on your funding.

Mid-Term Report April 1 – September 30 Due November 1
Final Report: October 1 – March 31 Due May 1

## Submit to:

Venessa Sheehan, Contracts Coordinator Island Health - Indigenous Health Email: <a href="mailto:IHDEIContracts@islandhealth.ca">IHDEIContracts@islandhealth.ca</a>