



Due Date: July 15
January 15

Funding Period: **January 1 – June 30**
 July 1 – December 31

Lethbridge Lifelong Learning Association

PROGRAM COMPLETION STATEMENT

Organizational Member Name:	Contact Name:
Address:	Phone: Fax: E-Mail:

PROGRAM INFORMATION

Program / Workshop Name: _____

Required Funding Category:

- Adult Basic Literacy
- English as a Second Language
- Community Issues
- Training for Employment

EVALUATION AND RELEVANCE

1. **What impact did this program / workshop have on the learner?** Provide learner testimonials that capture how learning from this program / workshop has made a difference to the participants during this period.



PROGRAM BUDGET - EFFECTIVENESS

Please complete the following calculations to determine the **Actual Total Grant Dollars used for the program / workshop in the complete period.**

Program / Workshop Costs for Complete Period

Actual

Instructor costs or Speaker Fees	
Travel / Subsistence for Speaker	
Materials and supplies	
Room rental	
Advertising	
Total Program / Workshop Costs for complete period	(A)
Number of participants for complete period	(B)
Number of barriered /volunteer learners for complete period	(C)
Tuition fees collected from barriered /volunteer learners for complete period	(D)
Amount of subsidy or waived tuition provided by the member to barriered participants (beyond what the grant applied for covers)	(E)
Number of sections the program ran in the period	(F)

1. Total number of hours of instruction used for this program / workshop: _____
2. **Number of Barriered Participants** who were provided with a member organizations' **subsidy or waived tuition fee** for this program / workshop during the period: _____

Actual Program Direct Costs per Participant

A	Divided by B	= \$
= Total Actual Program / Workshop Costs for Complete Period (A)	Divided by the Number of Actual Participants for Complete Period (B)	Actual Program / Workshop Costs per Participant

Actual Total Grant Dollars used for the Program / Workshop in the Complete Period

\$	Multiplied by C	Minus D and E	= Total \$
Actual Program / Workshop Costs per Participant	Multiplied by the Actual Number of Barriered / Volunteer Learners for the Period (C)	Minus Actual Tuition Fees Collected from Barriered / Volunteer Learners (D) and subsidy used (E) for the Period	Actual Total Grant Dollars used for the Program / Workshop in the Complete Period

I hereby authorize that the above answers provide the complete and accurate information about the results of the above program in the specified period. I acknowledge that the results provided may be subject to an audit by Lethbridge Lifelong Learning Association.

Signature _____

Date _____

Return this form no later than January 15 or July 15 to:

**Lethbridge Lifelong Learning Association
#506, 740 4th Avenue South, Lethbridge, AB T1J 0N9, Fax: 403-524-3868**