

French Second Language Revitalization Program

FINAL REPORT 2006-2007

Please answer all questions. You may provide more information in an attachment. For more information, please contact Simone Touchette at 204-945-6024, toll free at 1-800-282-8069, ext. 6024, or by e-mail at: stouchette@gov.mb.ca.

PART A – INFORMATION ABOUT THE ORGANIZATION		
1. Name of Organization		
2. Address of Organization		
3. Web Site		
4. Name of President of Organization		
5. Name of Contact Person		
6. Title of Contact Person		
7. Address (if different from above)		
8. Telephone	204 -	-
9. Fax	204 -	-
10. E-mail		

PART B – EVALUATION OF PROJECT		
1. Project title		
2. Duration	From:	To:
3. Objectives and Results of the Project		
<i>Briefly describe the objectives and the results of the project. What are the measurable or observable results you have achieved? Include percentages, satisfaction ratings, and quality improvement measures, etc.</i>		
4. Modifications		
<i>If the project did not achieve the results and objectives as indicated in the grant application, please state the reasons.</i>		

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)			
GRAND TOTAL			


ADULT STUDENTS	French Immersion	Basic French	TOTAL ADULT STUDENTS
University			
Community College			
Continuing Education			
GRAND TOTAL			

TEACHERS	French Immersion	Basic French	TOTAL TEACHERS
Elementary (K-8)			
Senior High (9-12)			
GRAND TOTAL			

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	2006-2007
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 :	\$
SUB-TOTAL	\$
In Kind Support (<i>volunteer work, free services, use of equipment, etc.</i>) Specify :	\$
TOTAL EXPENDITURES	\$

Statement of Revenue	2006-2007
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 :	\$
French Second Language Revitalization Program	\$
SUB-TOTAL	\$
Contribution In Kind (<i>value of volunteer work, donation of services, supplies and equipment to be used</i>) Specify :	\$
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 2006-2007 year.

Name of person authorized to sign

Name (Print)		Title	
Signature		Date	

Please sign this report and send before September 30, 2007 at the following address:

Raymond Genest, Director
Official Languages Programs and Administrative Services Branch
Manitoba Education, Citizenship and Youth
Bureau de l'éducation française Division
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