



Common Outcomes Report (COR) Work Book

*Reporting Year
2021*

[Full User Guide](#) is available on the Edmonton FCSS Website

OR

[Full User Guide](#) is available on the UWAY Website

Page 1 Common Outcomes Report

Please remember, you must complete one Common Outcomes Report for EACH PROGRAM/PARTNERSHIP you are funded through Edmonton Family and Community Support Services (Edmonton FCSS) and/or United Way of the Alberta Capital Region, (United Way).

You or someone in your organization, should have received ONE report link for each program.

You will report on your mandatory outcomes for this program/partnership as well as up to three additional outcomes of your choosing. If you are funded by Edmonton FCSS and/or United Way, there are mandatory outcomes or indicators that will populate automatically in this report. Please review the COR User Guide for a breakdown of these requirements.

The COR User Guide and instructional videos (accessible [here](#)) are available to walk you through using, saving and submitting this report. This is a workbook of the questions in the report so you can prepare outside of the online document. Following completion of this report, the report will be emailed to yourself (the report writer), the program contact, and your funding contact. As a reminder, once you have submitted this report you are unable to make any changes.

Should you have any questions about completing the Common Outcomes Report, please reach out to your funding contact.

As a reminder, the reports are due January 31, 2022.

Page 2 Disclaimer

Disclaimer

The information collected on the Common Outcomes Report (except for narratives where consent has not been given) may be used to produce reports, presentations, or publications. Information submitted may be used as secondary data and shared with organizations outside of the common outcomes initiative and funded partners. Organizations whose work aligns with supporting and enhancing social services and programs may access raw data and use aggregate data for information purposes and to improve program impact.

Please advance to the next page to continue ➡ ➡ ➡

Page 3 Outline of the Report

This page in the online form outlines the different sections of the report that will be relevant for you.

Section 1: Agency Overview

- a) Agency and Program Information (Autofilled)
- b) COR Report Recipient Contact Info (Autofilled/confirm/adjust)
- c) Program Contact Info (Autofilled/confirm/adjust)
- d) Program Description (Autofilled/confirm/adjust)
- e) 211 Update

Section 2: Program Inputs

- a) Funding Sources (Autofilled/identify other sources of revenue)
- b) Program Supports (FTE/Students/Volunteers)

Edmonton FCSS Funded Programs: Additional Program Specific Questions

- a) FCSS Partnership Information *for Partnership/Collaboration funding only* (Partnership Summary)
- b) FCSS Information and Referral *for Information and Referral Programs Only* (Referrals/Interactions/Social Media)

United Way Funded Programs: Additional Program Specific Questions

- a) Fundraising question
- b) Additional program information
- c) Outputs (for July - December reporting only)

Section 3: Unique Participants

- a) Unique Participants
- b) Indigenous Participants

- c) Racialized Individuals
- d) Newcomer Participants
- e) Participants by Gender Identity
- f) Participants by Geographic Community (UWAY only)

Section 4: Mandatory & Optional Indicators [this section will look different depending on who you are funded by]

- a) Report on two (2) mandatory Edmonton FCSS outcomes/indicators (Edm FCSS Mandatory Outcomes will auto-populate)
- b) Report on up to two (2) mandatory United Way indicators (United Way Mandatory Outcomes will auto-populate)
- c) Choose to report on additional outcomes & indicators from the COR list

Section 5: Summary

- a) Success Stories
- b) Reflection Questions

Section 1a: Agency Overview

This information will be auto-populated based on the data provided in last year's COR report. If you believe any of it is incorrect, please contact your funding contact.

Agency Name: *This will now be auto-populated.*

Program/Partnership Name: *This will now be auto-populated.*

Edmonton FCSS Liaison (if applicable): *This will now be auto-populated.*

United Way Manager(if applicable): *This will now be auto-populated.*

Section 1b: Common Outcomes Report Recipient

This is the person who fills out the common outcomes report. It will be auto-populated based on the data provided in last year's COR report.

COR Outcomes Report recipient name: *This will now be auto-populated.*

COR Outcomes Report recipient email: *This will now be auto-populated.*

Is the contact information above accurate? *Yes or No*

If no, please correct:

COR Outcomes Report recipient name: _____

COR Outcomes Report recipient email: _____

Section 1c: Program Contact Information

This is the person who is the main contact for the program. It will be auto-populated based on the data provided in last year's COR report.

Program/Partnership Contact Name: *This will now be auto-populated.*

Program/Partnership Email: *This will now be auto-populated.*

Program/Partnership Phone: *This will now be auto-populated.*

Is the contact information above accurate? *Yes or No*

If no, please correct:

Program/Partnership Contact Name: _____

Program/Partnership Email: _____

Program/Partnership Phone: _____

Section 1d: Program Description

Program/Partnership Description: *The description from last year's COR report will be auto-populated. If the information is incorrect or requires an update, you can indicate as such and update the program name or description.*

Is the program/partnership information above accurate? *Yes or No*

If no, please correct:

Adjusted Program/Partnership Name: _____

Adjusted Program/Partnership Description *Please note, this description is limited to 2-3 sentences (500 characters) and is used publicly.*

Section 1e: 211 Update

211 Alberta connects Albertans to a full range of community, government, social and health services. It's free, confidential and available 24/7 in over 170 languages. To reach 211, dial 2-1-1, text INFO to 211 or visit www.ab.211.ca for live chat and online search.

211 is currently the only service in Alberta accredited by the Alliance of Information and Referral Systems (AIRS), demonstrating 211's excellence in service delivery, resource database stewardship, cooperative relationships, disaster preparedness and organizational effectiveness.

Is your agency's listing in the 211 database accurate and up-to-date?

Visit your COR Invitation email for a link to your agency's listing

- Yes
- No
- Our agency is not listed in the 211 database

If not, have you contacted 211 to update or create this information? *To update or create your listing, please contact the 211 Community Resource Department at database@ab.211.ca or 780-392-8722*

- Yes
- No

Section 2a: Funding Sources

Edmonton FCSS Core Funding: *This will now be auto-populated, if you are funded by Edm. FCSS*

Edmonton FCSS Other: *This will now be auto-populated, if you are funded by Edm. FCSS other funding.*

Collaborative Funding: *This will now be auto-populated if you are funded by collaborative funding between Edm. FCSS and UWAY*

United Way of the ACR Funding: *This will now be auto-populated if you are funded by UWAY*

**If you feel your funding amounts are incorrect, please reach out to your funding contact.*

Are the COR funders (UWAY or Edm FCSS) the program's sole funder(s)? *Yes or No*

(Sole funders indicates that this program is entirely funded by one or more of the COR funders)

If not, what other sources of funding are used for THIS program/partnership?

- | | |
|--|---------------|
| <input type="checkbox"/> AGLC/Casinos | Amount: _____ |
| <input type="checkbox"/> Canada Summer Jobs | Amount: _____ |
| <input type="checkbox"/> Donations | Amount: _____ |
| <input type="checkbox"/> Edmonton Community Foundation | Amount: _____ |
| <input type="checkbox"/> Fundraising | Amount: _____ |
| <input type="checkbox"/> In-Kind | Amount: _____ |
| <input type="checkbox"/> Revenue from membership and/or fees | Amount: _____ |
| <input type="checkbox"/> Sponsorship (Corporate) | Amount: _____ |
| <input type="checkbox"/> Other City of Edmonton Funding | Amount: _____ |
| <input type="checkbox"/> Other Government of Alberta Funding | Amount: _____ |
| <input type="checkbox"/> Other Government of Canada Funding | Amount: _____ |
| <input type="checkbox"/> Other Foundation Funding | Amount: _____ |
| <input type="checkbox"/> Other Nonprofit Organizations | Amount: _____ |
| <input type="checkbox"/> Other Municipal Government Funding | Amount: _____ |
| <input type="checkbox"/> Other Provincial FCSS funding | Amount: _____ |
| <input type="checkbox"/> Other _____ | Amount: _____ |

This "other funding" data, helps us to provide a picture of where funds are coming from outside of the two funders and how they contribute to the programs/partnerships that report to the COR.

Please note, if you select a box, enter an amount and then unselect the box, the total funding still calculates it. Ensure any data removed (boxes unchecked), that any data entered is also deleted from the amount boxes.

Section 2b: Program Supports

FTE'S (FULL TIME EQUIVALENT)

Total Number Service Delivery FTEs for this Program (funded by all sources):

Enter # of FTEs for THIS PROGRAM _____

[Partnerships only]

Total Number of Service Delivery FTEs for this Partnership (funded by all sources):

Enter # of FTEs for THIS PROGRAM/Partnership _____

(For example, staff that are paid for through the partnership funding or accounted for in the budget)

Enter # of FTES that are in-kind for this partnership _____

(For example, staff that are attending the partnership table as part of their paid position elsewhere, i.e. none of the funding supports paying these partner participants)

STUDENTS & VOLUNTEERS

Does your program/partnership use:

- Students/Practicum Students
- Volunteers
- Both
- Not applicable (program does not use volunteers)

If your program/partnership uses students:

Number of student/practicum volunteers:

Enter # of student/practicum hours for THIS PROGRAM/partnership _____

Number of student/practicum hours:

Enter # of student/practicum hours for THIS PROGRAM/partnership _____

If your program/partnership uses volunteers:

Number of volunteers:

Enter # of volunteers for THIS PROGRAM/partnership _____

Number of volunteer hours:

Enter # of volunteer hours for THIS PROGRAM/partnership _____

For each of the numerical questions in Section 2b, if your response is significantly different (25% more or less) from your response last year, you will be asked to confirm that the value you inputted was intended. This is simply a measure to help reduce error and keep our data clean.

PARTNERSHIPS & INITIATIVES



Only partnerships/collaborations that are funded specifically for working together will complete this page. All other funded programs no longer need to report on partnerships in the Common Outcomes Report.

Name of the Partnership: [auto populated]

Primary Focus of the Partnership (select one):

Categories for the Primary Focus: Anti-bullying, Community Mental Health Issues, Common Service Access, Community Capacity Building, Family Violence Prevention, Early Childhood Development, Homelessness, Inclusion and/or Diversity, Neighbourhood Building, Poverty Reduction, Safe Communities, Social Connection, Senior Wellness, Substance Abuse Prevention, Youth Engagement, Other

Number of partners involved: _____

List of Partners:

What were the main accomplishments of the partnership/collaboration this year?

Please describe how this partnership (from your program’s perspective) is contributing to the identified focus.



FCSS Information & Referral Only: *These questions ONLY show up if you are funded by EDMONTON FCSS and report in the Information & Referral Program Area.*

If you do not collect this data, you do not have to report it. If you do collect some or all of this data, please report as much as you can and select not applicable if you do not collect data in a specific category.

Do you collect information and referral information?

- Yes
- No

If yes, please complete as much of the following information as possible:

Please select the types of information/referral requests you receive via:

- Phone Calls _____
- Emails _____
- Walk-ins _____
- Not applicable _____

To the best of your ability, please provide any of the information sharing that occurred through the number of:

- Newsletters sent out _____
- Website hits _____
- Participants at Information Fair(s)/Evening(s)/Session(s) _____
- Not applicable _____

To the best of your ability, please provide any social media interactions you had using:

- Facebook Followers: _____
- Twitter Followers: _____
- Other Social Media: _____
- Not applicable _____

Section 2c: UWAY Specific Questions (Only for those funded by UNITED WAY)



United Way
Alberta Capital Region

United Way fundraising efforts are more successful when we can articulate how our grants benefit the community and the agencies we support. We would like to know - Why does your organization value receiving funding from United Way? (For example, does it help reduce fundraising costs? Does receiving United Way funding help you apply for other funding?) *(Optional, 500 characters)*

Have there been any changes to program activities, scope or demographics from what was listed on Schedule B of your program funding agreement? *Yes or No*

If yes, describe changes:

Provide an example of how the program contributed to Pathways out of Poverty. *(500 characters)*

Is there and/or will there be a program surplus or deficit for the most recent fiscal year?

- Yes, there is a program surplus
- Yes, there is a program deficit
- No, there is no program surplus or deficit

If you are reporting a surplus or deficit for the most recent fiscal year, please complete the following questions:

_____ **dollar amount of surplus or deficit dollars**

What are the agency/program plans to address the surplus or deficit?

For programs receiving United Way funding from July - December, please report on a minimum of one output for this time period.

- Educational Supports
 - # of contact sessions: _____
 - # of supported referrals: _____
 - # of devices (computers & personal devices): _____
 - # of other (please specify): _____
- Parenting/Caregiver Supports
 - # of contact sessions: _____
 - # of caregiver workshops/sessions: _____
 - # of caregiver/child activity kits: _____
 - # of other (please specify): _____
- Financial Empowerment - Coaching
 - # of information/financial counselling sessions: _____
 - # of referrals: _____
 - # of other (please specify): _____
- Financial Empowerment - Education & Literacy
 - # of financial education/literacy sessions: _____
 - # of other (please specify): _____
- Financial Empowerment - Tax Preparation
 - # of tax returns prepared and submitted: _____
 - # of other (please specify): _____
- Employment Services
 - # of employment training/workshops: _____
 - # of resume/interview supports offered: _____
 - # of other (please specify): _____
- Basic Needs - Food Security
 - # of meals: _____
 - # of food baskets/hampers: _____
 - # of other (please specify): _____
- Basic Needs - Housing
 - # of contact sessions: _____
 - # of nights of shelter provided: _____
 - # of other (please specify): _____
- Basic Needs - Emergency Funds
 - # of emergency funds provided: _____
 - # of utility supports provided: _____
 - # of housing supports provided: _____
 - # of transportation trips (bus tickets, ride fare): _____
 - # of other (please specify): _____
- Reducing Social Isolation - Bringing supports to people who are isolated and who may not be able to participate in community-based group activities due to various barriers (seniors in residences with mobility issues, low-income single parents, people in domestic violence shelters) but the program comes to them through individualized supports/outreach/check ins.
 - # of contact sessions: _____

of outreach visits: _____
of transportation trips: _____
of devices (computers & personal devices): _____
of other (please specify): _____

Mental Health & Wellness - Individual Counselling

of counselling sessions: _____
of supported referrals: _____
of other (please specify): _____

Mental Health & Wellness - Group Counselling

of group sessions: _____
of other (please specify): _____

Mental Health & Wellness - Public Education

of mental health workshops/presentations: _____
of other (please specify): _____

Information & Referral - Traditional Information & Referral phone or web interaction

of calls/web inquiries: _____
of Other (please specify): _____

Information & Referral -Staff member(s) connect participants to resources (systems navigation, supported referral)

of inquiries: _____
of Other (please specify): _____

Personal Safety

of intakes: _____
of nights of shelter provided: _____
of safety plans: _____
of Other (please specify): _____

Social Inclusion - Increasing community connections and building strong relationships by bringing people together in groups. This could be through a culturally-based youth program, peer support group, recreation opportunities for families, etc. These programs reduce barriers for low income individuals and families so they can participate in society in a more fulsome way.

of social activities: _____
of outreach visits: _____
of contact sessions (one on one): _____
of learning devices (computers & personal devices): _____
of Other (please specify): _____

Strong Sector (Capacity Building) - Research

of research projects: _____
of partners engaged in research: _____
of workshops/presentations: _____
of other (please specify): _____

Strong Sector (Capacity Building) - Evaluation

of trainings/workshops completed: _____
of evaluations completed: _____
of partners engaged: _____
of other (please specify): _____

Strong Sector (Capacity Building) - Collaboration

of partners engaged: _____

of collaborations/networks facilitated: _____

of collaborative meetings: _____

of other (please specify): _____

Section 3a: Unique Participants by Age Category

Which age categories do these participants fall under:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-5 | # of participants 0-5: _____ |
| <input type="checkbox"/> 6-12 | # of participants 6-12: _____ |
| <input type="checkbox"/> 13-17 | # of participants 13-17: _____ |
| <input type="checkbox"/> 18-24 | # of participants 18-24: _____ |
| <input type="checkbox"/> 25-64 | # of participants 25-64: _____ |
| <input type="checkbox"/> 65+ | # of participants 65+: _____ |
| <input type="checkbox"/> Age Unknown | # of participants age unknown: _____ |

Total Unique Participants for this program/partnership _____ (this will auto-calculate in the form)

Please elaborate on the difference in unique participant numbers from last year to this year. Your response to this question is for information purposes only. It will help us to understand and provide context to the unique participant numbers reported each year.

Page 3b: Participant Demographics for Self-Identified Indigenous Participants

Do you collect data on the number of Indigenous participants your program serves? *Yes or No*

If yes, please provide the breakdown of self-identified Indigenous participants by age. *NOTE: only the age groups selected in section 3a will be visible on the online form.*

Which age categories do these participants fall under:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-5 | # of participants 0-5: _____ |
| <input type="checkbox"/> 6-12 | # of participants 6-12: _____ |
| <input type="checkbox"/> 13-17 | # of participants 13-17: _____ |
| <input type="checkbox"/> 18-24 | # of participants 18-24: _____ |
| <input type="checkbox"/> 25-64 | # of participants 25-64: _____ |
| <input type="checkbox"/> 65+ | # of participants 65+: _____ |
| <input type="checkbox"/> Age Unknown | # of participants age unknown: _____ |

Page 3c: Participant Demographics for Self-Identified Non-Indigenous Persons of Colour / Racialized Individuals

Do you collect data on the number of Non-Indigenous Persons of Colour / Racialized participants your program serves? *Yes or No*

If yes, please provide the breakdown of self-identified Racialized participants by age. *NOTE: only the age groups selected in section 3a will be visible on the online form.*

Which age categories do these participants fall under:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-5 | # of participants 0-5: _____ |
| <input type="checkbox"/> 6-12 | # of participants 6-12: _____ |
| <input type="checkbox"/> 13-17 | # of participants 13-17: _____ |
| <input type="checkbox"/> 18-24 | # of participants 18-24: _____ |
| <input type="checkbox"/> 25-64 | # of participants 25-64: _____ |
| <input type="checkbox"/> 65+ | # of participants 65+: _____ |
| <input type="checkbox"/> Age Unknown | # of participants age unknown: _____ |

Page 3d: Unique Participants Self-Identified as a Newcomer

Do you collect data on the number of self-identified Newcomer participants served by your program? Yes or No

If yes, please provide the breakdown of self-identified Newcomer participants by age. *NOTE: only the age groups selected in section 3a will be visible on the online form.*

Which age categories do these participants fall under:

- 0-5 # of participants 0-5: _____
- 6-12 # of participants 6-12: _____
- 13-17 # of participants 13-17: _____
- 18-24 # of participants 18-24: _____
- 25-64 # of participants 25-64: _____
- 65+ # of participants 65+: _____
- Age Unknown # of participants age unknown: _____

Page 3e: Participant Data by Gender Identity/

Does your agency/program collect gender identity information for program participants?

- Yes
- No

If yes, please provide the following:

How many of 18+ participants identified as:

- Boy/Man/Male # of participants: _____
- Girl/Woman/Female # of participants: _____
- Gender Diverse # of participants: _____
- Gender identity not listed above # of participants: _____
- Prefer not to answer # of participants: _____
- Information not gathered # of participants: _____

If the "Gender identity not listed above" option is selected, you will be invited to provide the following optional information:

If available, please list any gender identities or language preferred by your participants to help us ensure future reports use language and categories inclusive to all people served.

NOTE: The total number of participants by gender identity, cannot exceed the total unique participants reported in section 3a. If you have the gender identity data for some but not all of your participants, please enter the remaining participants in the category "Gender Identity Unknown."

For example, if you have 300 total unique participants, but only gender identity data for 200 of them. Then you put 100 in the category of "Gender Identity Unknown" and assigned the other 200 accordingly.

Please select communities where you served participants last year:

- | | |
|--|--------------------------|
| <input type="checkbox"/> City of Edmonton | # of participants: _____ |
| <input type="checkbox"/> City of Fort Saskatchewan | # of participants: _____ |
| <input type="checkbox"/> City of Leduc & Leduc County | # of participants: _____ |
| <input type="checkbox"/> St. Albert & Sturgeon County | # of participants: _____ |
| <input type="checkbox"/> Stony Plain, Spruce Grove & Parkland County | # of participants: _____ |
| <input type="checkbox"/> Strathcona County | # of participants: _____ |
| <input type="checkbox"/> Out of Province | # of participants: _____ |
| <input type="checkbox"/> Unknown Communities | # of participants: _____ |
| <input type="checkbox"/> Other | # of participants: _____ |

NOTE: The total number of participants by Geographic Location, cannot exceed the total unique participants reported in section 3a. If you have location for some but not all of your participants, please enter the remaining participants in the category “Unknown.”

For example, if you have 300 total unique participants, but only location data for 200 of them. Then you put 100 in the category of “Unknown” and assigned the other 200 accordingly.

Section 4: Outcome Reporting

Mandatory Outcomes will be auto-populated

You will be asked to report on the mandatory outcomes/indicators as per your funding letter/agreement(s) and may report on additional outcomes/indicators if you choose. You can report up to 5 outcomes/indicators in total.

If you are receiving United Way funding for the full year, your mandatory outcome/indicator for the period of January - June may be different from the period of July - December. In this case, you may be asked to report on both mandatory indicators.

FCSS Mandatory Outcomes (if applicable)

Mandatory Outcome #1: _____

Indicator #1: _____

Mandatory Outcome #2: _____

Indicator #2: _____

United Way Desired Result Outcome/Indicator (if applicable)

Mandatory Indicator #1 (if applicable): _____

Mandatory Indicator #2 (if applicable): _____

Additional Outcomes (optional, you can report one, two or three additional outcomes of your choosing):

Outcome #1: _____

Indicator #1: _____

Outcome #2: _____

Indicator #2: _____

Outcome #3: _____

Indicator #3: _____

The following page represents the data you need for each of the outcomes you report.

Section 4 (continued): **Indicator(s), Tool(s), & Data**

Outcome

Select Outcome #1. This will auto populate if you have a mandatory outcome, if you do not have a mandatory outcome choose the indicator you would like to report on.

Outcome: _____

Indicator

Select Indicator #1 This will auto populate if you have a mandatory outcome, if you do not have a mandatory outcome choose the indicator you would like to report on.

Indicator: _____

Outcome & Indicator - Tools & Methodology

Please select when you collected the majority of the data: *Choose One*

- Pre
- Post
- Pre & Post
- During the Program
- During & Post
- Follow Up
- Pre, During & Post

Please select the tool most frequently used to collect the data: *Choose One*

- Administrative Statistics
- Direct Observation
- Group Discussion
- Interviews
- Review of charts or other documentation of participant progress
- Surveys/questionnaires
- Text Messages

If you used a survey tool, what question(s) did you use to gather data on this indicator? *Open Ended*

Number of Participants Tried to Collect Data From: _____

Number of Participants Responded: _____

Number of Participants That Experienced a Positive Change: _____

Describe what positive change looks like for this outcome as seen through participants' own words, actions, or changes in their lives that further explain the numbers you have just reported? *Open Ended*

Repeat this page based on the number of outcomes you will be reporting (up to 5, including mandatory outcomes)

Section 5c: Reflection Questions (Program Funding)

Thinking about the program...

Tell us about some evaluation learnings you had in the last year. Discuss with your team and provide one or two examples. *Open ended*

Thinking about deeper, enduring impact for participants...

How are participant's lives being changed as a result of the program? *Open ended*

Thinking about the barriers to success...

Please select barriers outside of core programming that you have had to address through additional program planning, activities and/or budget.

- Access to computers/technology
- Access to cultural teachings, language, learning
- Childcare
- Clothing
- Connection to community resources
- Counseling
- Employment supports (i.e. work wear, resumes etc)
- Food
- Housing Supports
- Literacy
- Transportation
- Mental Health & Addictions
- None of the Above

Please select barriers outside of core programming that you ARE NOT able to address.

- Access to computers/technology
- Access to cultural teachings, language, learning
- Childcare
- Clothing
- Connection to community resources
- Counseling
- Employment supports (i.e. work wear, resumes etc)
- Food
- Housing Supports
- Literacy
- Transportation
- Mental Health & Addictions
- None of the Above

Are there any other or new barriers program participants are facing?

- Yes
- No

Describe Barriers *Open ended optional*

If so, how have you been trying to address them? *Open ended optional*

Section 5c: Reflection Questions (For Partnership Funding ONLY)

Thinking about the partnership/collaboration:

Tell us about some evaluation learnings you had in the last year. Discuss with your team and provide one or two examples.

Thinking about the impact on the community:

Please describe how the community impact was increased or decreased due to the work of the partnership/collaboration. If there were challenges, how did you overcome them?

Thinking about working together:

By working together, has the partnership/collaborations identified new ways to solve problems? Please explain.

How has working in partnership/collaboration increased your ability to more effectively meet the needs of our participants or the community (for example, freed up resources, gained access to new resources, gained expertise, increased efficiency, etc.)? If it hasn't, why do you think that is?

Thinking about deeper, enduring impact for participants or systems...

How is the work of the stakeholders/partners changing the lives of participants or the system they are within?

Section 5e: Supplementary Information (Optional)

Use the space below to provide additional information, context or clarifying notes.

If you have an additional research or evaluation report/publication you would like to ensure the funders receive, please link to it here. Please note, this is optional and only provided for agencies to showcase additional research, outcomes and evaluation work.

_____ (provide link)

COR Summary

Proof of COR Report submission will be emailed to the following people:

1. COR Report Recipient
2. Program Contact
3. Funder(s)

**Please remember, all reports must be complete via
the ONLINE FORM.**

The Common Outcomes Reports are due on JANUARY 31st, 2022.

