



# **Common Outcomes Report (COR) User Guide**

*Reporting Year  
2020*



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## INTRODUCTION

In 2008, Children Services, Edmonton Region (CS), Edmonton Family and Community Support Services (Edmonton FCSS), and United Way of the Alberta Capital Region (UWAY) began to work on developing a common outcomes reporting form. This form arose from funded agencies requesting that funders work together to determine their shared information needs regarding outcome reporting and to mitigate the demands on the agencies reporting separately to each funder by streamlining reporting requirements.

To support this work, an Advisory Committee was created. This committee, comprised of Agency and funder representatives, reviewed the work of the Common Outcomes working group, provided input, and advised the working group as the Common Outcomes were developed and finalized. By 2013, the final common outcomes reporting form was created that included both output and outcome measurement information. 2020 is the first year that Children Services, Edmonton Region funded partners will no longer be reporting to the common outcomes reporting form.

To ensure comprehensive and representative Agency input, larger sector meetings were held regularly where Agency representatives (in addition to those represented by the Advisory Committee) were consulted with and provided input on all of the work being done. Together, the group began to address the challenges of incorporating different reporting needs, of rolling up a large amount of collective data, and of finding consistent approaches and tools for collecting the data.

Agencies and funders continue to work together to determine information needs; to co-develop common language and understanding; to focus on the impact of our sector, collectively; and to highlight the excellent work done by agencies in our community.

The information being collected on the Common Outcomes Report (COR) can be used in many ways. Program evaluation is not just a way to strengthen accountability for the use of resources, outcome measures can also help organizations to:

- Make decisions;
- Communicate program achievements more clearly to people and other organizations;
- Gain from the knowledge, experience and ideas of the people involved;
- Provide accurate and convincing information to support applications for funding.

It also helps the funding partners to:

- Simplify the collection of data for funded agencies;
- Show collective social impact by aggregating the data from agencies funded through the region;
- Show the difference that prevention and early intervention programs make for children, youth; adults, seniors, families and communities throughout Edmonton and area;
- Assess if the programs are being adapted to better meet the needs of those they serve;
- Evaluate if programs are making a difference in the lives of the people they serve.

### Have questions?

If you have questions about the common outcomes initiative please contact us at [C2@myunitedway.ca](mailto:C2@myunitedway.ca). If you have specific questions about completing your Common Outcomes Report, please contact your funder(s) directly.

## MEASURING IMPACT

"Evaluation of the past is the first step toward vision for the future." - Chris Widener

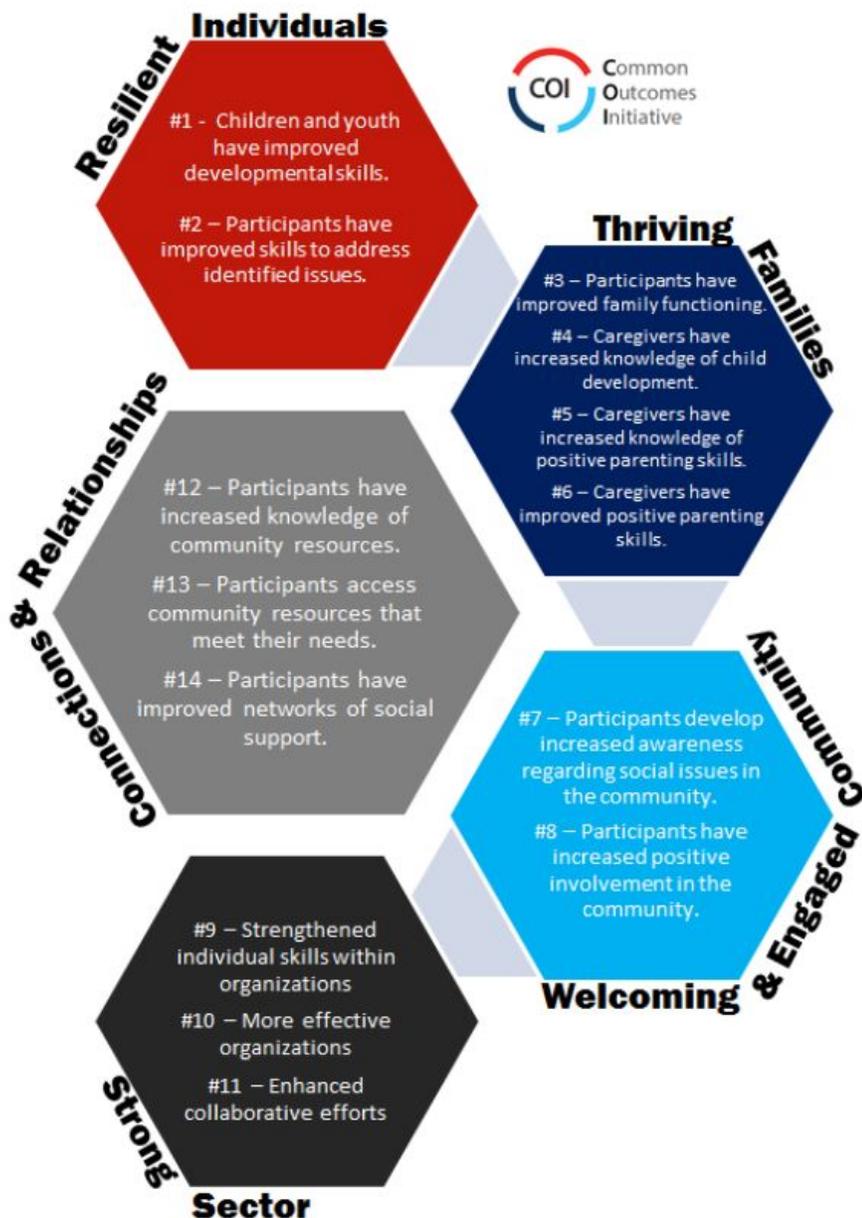
The data collected in the Common Outcomes Report (COR) is not only a way for funded agencies to report to the funders about the work they are doing in the community but also serves as a vehicle for collecting data from multiple community programs on different outcomes, rolling it all up into one large picture of the impact the sector is having in the community. In 2019, this model was updated to include how the

outcomes feed into five impact areas (Resilient Individuals, Thriving Families, Welcoming & Engaged Community, Strong Sector, and Connections & Relationships).

The COR has moved beyond collecting only numbers and reporting strictly positive change. The collective summary of data is now informing a story about the work occurring in our community. We no longer report only on the number of participants experiencing positive change, but what positive change means to that individual, family, or to a community. We are moving toward collective evaluation to measure social impact, where we not only report together but learn together, grow together, and represent all of the successes and challenges faced by the sector.

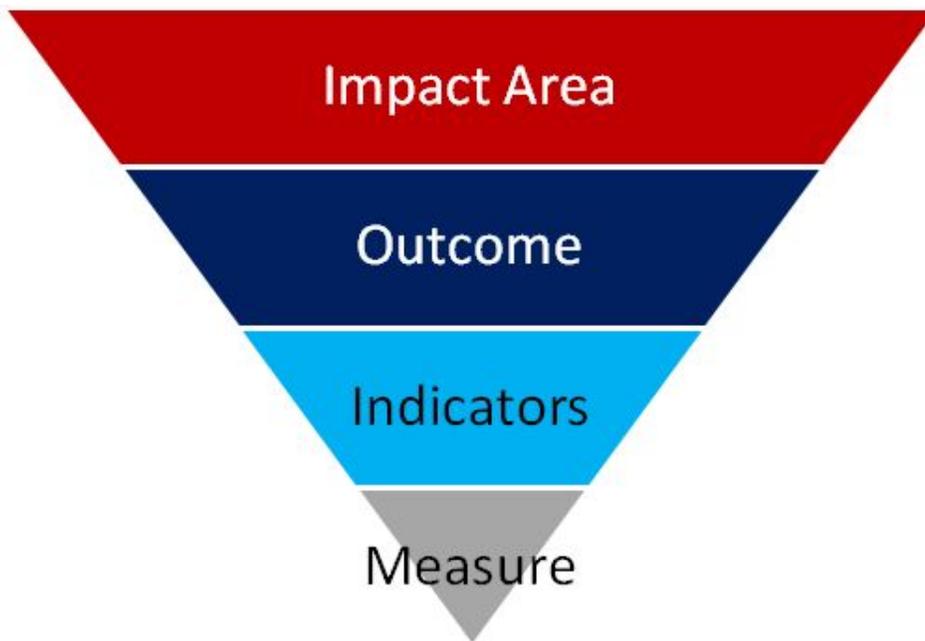
*The Common Outcomes working group would like to thank all funded agencies for their support and hard work. This has been an ongoing journey, enhanced by the true partnership between agencies and funders.*

The full COI Model is available [here](#).



## COMMON OUTCOMES MEASUREMENT DATA COLLECTION

Between the two funders there are over 90 agencies reporting on over 191 programs. Every program receiving funds must report on the impact of that program. Below is how data is organized for common outcome measurement.



Each of the outcomes in the model fit under an impact area, which is the larger goal we are working to achieve together.

Programs are expected to report on at least two outcomes per program. Each of the outcomes in the model has indicators and a program must measure and report on one indicator for each outcome they select.

*If the program is funded by Edmonton FCSS or UWAY, the programs must report on their mandatory assigned outcomes, then add any additional outcomes of their choosing.*

The two funders recognize that this still does not capture the entire impact a program has in the community, but it does allow for more comprehensive and accurate reporting.

## BEFORE COMPLETING THE COR: THINGS TO KEEP IN MIND

- You must submit a form for **each** program that your organization receives funding.
- Each program will receive a report link unique to that report. The email can be forwarded and shared with other program/organization staff if required. We recommend that only one person works on the report at a time.
- If you are funded by both funders only one copy will need to be completed for each program.
- All forms will be submitted online and then distributed to the appropriate funder(s).
- Many sections prompt the auto populate feature. This means that a selection in one area will influence the information you are reporting. Please ensure accuracy when filling out this form.
- Some sections must be answered in a specific way. If this is not done the form will not let you continue. When this occurs, an error message will pop up with instructions on how to continue.
- It is important that you answer all the questions in the form. **It is your responsibility to ensure the form is complete. There is a summary page at the end of the report to check your responses.**
  - If you want to do some of the work in advance or see the list of questions in the Common Outcomes Report, a workbook has been created and attached to this guide.

# KEY DEFINITIONS

## KEY TERMS & DEFINITIONS

### **COMMON OUTCOMES**

Outcomes that are common between Edmonton FCSS, UWAY, and the Agencies they fund.

### **DATA**

Information collected to evaluate CHANGE of participants to function at a level described in the indicator statement.

### **FTE (FULL TIME EQUIVALENT)**

If your work week is 40 hours, then a person who works 40 hours a week is 1 FTE. If a person works 20 hours a week, that equals .5 FTE. Add up the number of FTE's (not the number of staff) who deliver services to program participants or support the work of the funded program.

### **INDICATORS**

Are specific, observable, and measurable characteristics or changes, showing the progress a program is making toward achieving a specified outcome.

### **INDIGENOUS PARTICIPANTS**

For the purposes of this report, indigenous participants are participants who have self-identified as First Nations, Métis, or Inuit.

### **MEASUREMENT TOOLS**

Means by which you collect information to measure your impact.

### **NEWCOMER PARTICIPANTS**

For COR, a Newcomer is someone who is dealing with the challenges of being new to Canada regardless of how many years they have lived in Canada.

### **OUTPUTS**

The direct products of program activities, usually measured in terms of numbers.

### **OUTCOMES**

Statements describing desirable changes for people, organizations, and communities.

### **STUDENTS**

Students are the number of unique people who, through a formal/informal program of study, are gaining practical not-for-profit work experience designed to further their educational experience. Examples include: Community Service Learning, Co-op, Practicum student placements, and others.

### **UNIQUE PARTICIPANTS**

Participants in your program who receive direct services. You may record participants for whom you have a file, have collected demographic data, are supporting to work towards a goal(s), and/or are collecting outcome data. Each participant is to be counted only once during the time period covered regardless of the number of program related services they receive.

### **VOLUNTEERS**

Number of unique people who have offered their time at no cost to the program. Do not include individuals who are work experience students or those completing community service hours. This is captured in a separate category of the COR report.

# ABOUT COMPLETING THE REPORT

## PRE-FILLED DATA FIELDS

The report has been pre-populated with key pieces of information to make it as easy as possible to complete. Upon signing into the report the following fields are already completed:

- Organization & Program Name/Description
- Program Contact & COR Report Contact
- Funding Contact
- Program Area
- Funding Amounts (*as per program funding agreements*)
- Mandatory or assigned outcomes and indicators

Many of these fields will ask you to confirm if the information is still accurate, and if not, it will give you the opportunity to update it. Some of the fields do not allow you to make any updates. If you feel the information provided is incorrect (program area, funding amounts, or mandatory outcomes) please contact your funder and they will update the system.

## MOVING AROUND THE FORM

Once you have completed all the questions on a particular page, you can hit BACK arrow to go to the previous page, FORWARD arrow to move forward to the next page or SAVE to save your progress thus far.



## SAVING, PRINTING, & RETURNING TO THE REPORT



**Each page of the report has a print function.** As you are completing this report, at any point you can choose to print off the work you have completed simply by selecting the print button. It will print your entire report unless you specify something different.



**The report form will SAVE every time you move to the next page (automatic save) or when you press the SAVE button.** However, when you hit the SAVE button it will exit you out of the form. If you fill out information on the page but do not move to the next page or do not hit the SAVE button before exiting, the information on that page will be lost.

Once you have hit SAVE and exit out of the form, you can return anytime by clicking the link in your invitation email. It will return you to the place you left off in the report. *Note: You can also save the link to your favorites (or bookmark bar) so that it is easy to find & return to.*

**It's best to only have one person work on the report at a time.** If two people are in the report, the data saved will only be from the person who saves and exits last.

## DEFINITIONS OR EXAMPLE TEXT

If there are examples or a definition available, there is an image ( ⓘ ). You can hover over that image and it will provide you with the definition or examples.

What tool did you primarily use to collect the data?

- Administrative Statistics ⓘ
- Direct Observations ⓘ
- Group Discussions ⓘ (such as of skills or behaviours) ←
- Interviews ⓘ
- Review of Charts or other Documentation of Participant Progress
- Survey/questionnaire

\*Required - Select 1 tool from the list.

## REQUIRED QUESTIONS

If you try to go to the next page without completing all the required questions, you will get a reminder above the question to complete it before continuing on. Please enter the information and then continue on to the next page. See example below:

**Please provide an answer for this question**

Q34 Number of Service Delivery FTEs

\*required

## CHECKING & UN-CHECKING BOXES

When you select any box and it opens an additional field to enter data into, that field is now live and is actively collecting data. If you enter an amount into that field and “uncheck” the box, it will still add that amount to your totals. For example (**this is what we do not want!**):

### Age Categories

- 0 - 5 year olds
- 6 - 12 year olds
- 13 - 17 year olds
- 18 - 24 year olds
- 25 - 64 year olds
- 65+ year olds
- Age Unknown

Two categories have been checked and data has been entered.

### # Participants 18 - 24 year olds

\*required, please don't use commas (e.g., 2500)

### # Participants 25 - 64 year olds

\*required, please don't use commas (e.g., 2500)

### Total Participants by Age Category

\*automatic calculation

### Age Categories

- 0 - 5 year olds
- 6 - 12 year olds
- 13 - 17 year olds
- 18 - 24 year olds
- 25 - 64 year olds
- 65+ year olds
- Age Unknown

18-24 was unchecked but no amount was removed... the total participants still reflects that number!

### # Participants 25 - 64 year olds

\*required, please don't use commas (e.g., 2500)

### Total Participants by Age Category

\*automatic calculation

**Please remove any amount you have previously entered before unchecking any box.**

## ERROR MESSAGES

The logic is built into the tool for auto-calculations to reduce as much human error as possible. For example:

- **OUTCOMES DATA:**  
If you collect data from **50 people**, you **cannot have 60 people** who experienced positive change.
- **UNIQUE PARTICIPANT DATA:**  
If you reported you had **20 participants aged 0-5 years old**, then you **cannot have 25 self-identified Indigenous participants that are aged 0-5 years old**.

The questions where this logic applies will have supporting text underneath providing instructions that the number must be equal to or lower than **XX** (a number you entered on a previous page). If an error is calculated, it will not let you continue until you go back and fix the error.

Q140 **Indicator:** 14a) Participants identify one or more specific community resources that address their information or service needs.

The number of participants that **demonstrated/showed positive change** (out of the number you collected data from)

\*required - must be equal to or lower than 50 (Total collected from)

Error messages will appear with the red bars at the beginning and end of the question (as pictured above), or will appear when you hit the "Next" button, like this:

### CORRECTION REQUIRED

You have indicated that **Community participants** is 100.

The total number of community participants needs to equal **300** total unique participants

**Please go back and adjust before moving forward!**

Any time you receive an error message, it should instruct you as to where the error has occurred. Go back, adjust the error and continue forward.

## UPDATING 211

**If your program has a profile on the InformAlberta site** (this site is used by 211 to provide information and referral to callers), you will be provided with a unique link within your Common Outcomes Report invitation email. The link will take you to your program's profile. Please review and make changes, if necessary, prior to continuing.

**If you don't have a unique profile**, the link will take you to the site's registration page, please register and create a unique profile for your program.

*For support please contact the 211 Community Resource Department at [database@ab.211.ca](mailto:database@ab.211.ca) or call 780-392-8722.*

# COMPLETING THE COMMON OUTCOMES FORM

This section will assist you in filling out the Common Outcomes Report online form. It is extremely important that the form is completed in order. As part of the technical limitations, you need to answer certain questions in order to see particular responses in the following pages. A list of the questions is available in the workbook (Appendix C) of this guide. It is recommended that you have the tool open as you work through this section of the workbook.

## SECTION 1: OVERVIEW

### a) Agency and Program Name (autofilled)

Your organization and program name will be automatically filled in. If there are any problems with this data please contact your funder.

### b) COR Report Recipient Contact Info (autofilled/confirm/adjust)

This is the person who receives the Common Outcomes Report each year. The system will prompt you to confirm if it is still correct. If for any reason this has changed, please provide the updated information. Please note, if you have changes throughout the year, **always make sure your Funder is aware so we can update the system.**

### c) Program Contact Info (autofilled/confirm/adjust)

This is the person who is the main contact for the program. It may or may not be the same person that the Common Outcomes Report goes to. The system will prompt you to confirm if it is still correct. If for any reason this has changed, please provide the updated information. Please note, if you have changes throughout the year, **always make sure your Funder is aware so we can update the system.**

### d) Program Description (autofilled/confirm/adjust)

We have auto-filled your program description from last year. The system will prompt you to confirm if it is still correct. If for any reason this has changed, please provide the updated information. Please note, this description should be only 2-3 sentences and has a limit of 500 characters. This description will be used publicly.

### e) 211 Update

This is your annual reminder to ensure that 211 is updated with all your program information. You now have a personalized link in your COR invitation email to update 211 if needed. This section will ask you to confirm that you updated or that there was no update required.

## SECTION 2: PROGRAM INPUTS

### a) Funding Sources

Your funding sources are auto-filled now, with the funding amounts from your agreement(s) with the funders. If for any reason this number is not accurate, please contact your Funding contact to correct.

#### Other Sources of Funding

If your program has funding outside of Edmonton FCSS, and UWAY, please provide the funding breakdown for this program/partnership. We are interested in further understanding the “Other Funding” category and reporting where the various sources of funding are coming from for the sector. For each category you select, a box will appear for you to enter the dollars of funding that comes from that source. Please make this number as accurate as possible.

### b) Program Supports

**Full-Time Equivalents<sup>1</sup>:** Enter the TOTAL number of Full Time Equivalents required for this program.

Indicate whether or not your program utilizes **volunteers, students/practicum students, both, or neither (not applicable)**. Based on your selection the appropriate fields will open.

**Volunteers<sup>2</sup>:** Enter the number of volunteers and the number of volunteer hours that supported this program. Do not include students/practicum students in this number.

**Students/Practicum Students:** Enter the number of students and the number of student hours that supported this program.

### c) FCSS Funded Programs - Provincial Report Questions

**Partnership Programs ONLY (NEW):** Edmonton FCSS is required to report to the Province on current initiatives & partnerships in the community. Only programs that receive funding specifically for a partnership will be asked to complete this set of questions. Regular core funded programs will no longer have to report on partnership data through the Common Outcomes Report. If you are funded as a partnership, you can visit the workbook (Appendix C) for a list of the questions.

**Information & Referral Programs ONLY:** This question will only show up if you are funded by Edmonton FCSS and are under the Information & Referral Program Area. We recognize you may not collect all of this data, but please provide any information you can. If you have not collected it to date, do not worry, you do not have to include it if you do not have it. If you do not collect this information click NO and continue on.

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<sup>1</sup> If your work week is 40 hours, then a person who works 40 hours a week is 1 FTE. If a person works 20 hours a week, that equals .5 FTE. Add up the number of FTE's (not the number of staff) who deliver or support the provision of services to program participants.

<sup>2</sup> Number of unique volunteers who have offered their time at no cost to the program. Do not include individuals who are work experience students or those completing community service hours. This is captured under students/practicum students.

## SECTION 3: UNIQUE PARTICIPANTS

Unique participants are participants in your program who receive direct services. Each participant should be counted only once during the time period covered regardless of the number of program related services they receive.

### a) Unique Participants by Age

We understand there can be challenges when collecting data on unique participants in your program. However, the data continues to be an important part of reporting because it both demonstrates the number of participants potentially impacted by services and identifies where services are most heavily allocated. There is a category for “Age Unknown” to capture the participants where you are not sure of their age. Only use this category if absolutely necessary.

The age groups are as follows: **0-5, 6-12, 13-17, 18-24, 25-64 and 65+**. As you select each category, it will open up a box for you to enter the number of participants you have in that age group. Once all your individual age groups are completed, a total will be calculated for you at the bottom.

### b) Participant Demographics for Indigenous Participants

A question will first prompt you to answer whether or not you ask participants to self-identify as **Indigenous**. If you do not collect this data, please select NO and continue on. If you do collect this data for the program, please select YES.

This question demonstrates how many of your TOTAL UNIQUE PARTICIPANTS have self-identified as Indigenous. **Only the age categories that you selected in the 3a) TOTAL UNIQUE PARTICIPANTS question will be shown here. Complete the number of Indigenous participants you have for each of the categories, or use the age unknown category if necessary.**

**Please note:** the total number of Indigenous participants cannot exceed your total number of Unique Participants identified in 3a. If it does, it will not let you move forward.

### c) Participant Demographics for Newcomer Participants

A question will first prompt you to answer whether or not you ask participants to self-identify as a **Newcomer**. If you do not collect this data, please select NO and continue on. If you do collect this data for the program, please select YES.

This question demonstrates how many of your TOTAL UNIQUE PARTICIPANTS have self-identified as a Newcomer. **Only the age categories that you selected in the 3a) TOTAL UNIQUE PARTICIPANTS question will be shown here. Complete the number of Newcomer participants you have for each of the categories, or use the age unknown category if necessary.**

**Please note:** the total number of Newcomer participants cannot exceed your total number of Unique Participants identified in 3a. If it does, it will not let you move forward.

**Reminder:** Your total number of Indigenous participants and/or Newcomer participants cannot exceed the total of your overall Unique Participants. For example, if you have 100 total unique participants, 50 aged 0-5 and 50 aged 6-12. You must have 50 or less participants aged 0-5 that have self-identified as either Indigenous and/or Newcomer.

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## UNITED WAY FUNDED AGENCY ONLY QUESTIONS

### d) Participant Demographics: Geographic Community - UNITED WAY funded programs only

The report will prompt you to identify whether you collect the participant's location. If you do not collect this data, select NO and move on. If you do collect this data, please select YES and enter the number of participants from each of the Alberta Capital Region areas: **City of Edmonton, City of Fort Saskatchewan, City of Leduc & Leduc County, St. Albert & Sturgeon County, Stony Plain - Spruce Grove & Parkland County, Strathcona County, Out of Province, Unknown Communities, Other.**

Place as many unique participants as possible in the categories. For any remaining unique participants, please enter them into **Unknown Communities**.

### e) Participant Demographics: Gender Identity - UNITED WAY funded programs only

The report will prompt you to identify whether you collect participant's gender. If you do not collect this data, select NO and move on. If you do collect this data, please select YES and enter the number of participants from each of the gender categories:

Boy/Man/Male

Girl/Woman/Female

Gender diverse (i.e. Transgender, non-binary, MTF, FTM)

Unknown (Data not collected or participant did not identify with any of the options provided)

Place as many unique participants as possible in the categories. For any remaining unique participants, please enter them into **Gender Unknown**.

To streamline reporting, United Way funded programs will report once on United Way funding. All program information required is included in the Common Outcomes Report (COR) and will appear in COR automatically if your program has been identified as a funded partner of United Way.

- Fundraising questions (What would \$X provide for your program?) **Asked every second year.**
- Additional Program Information (Used by volunteers when reviewing applications)
- Surplus/Deficit Report

All of the required United Way Questions are listed in the Workbook in Appendix C of this guide.

## OUTCOMES SECTION - MANDATORY OUTCOMES & INDICATORS

For the 2020 Common Outcomes Report, your program will be able to report on up to **five** outcomes (some will be mandatory and some will be optional).

If this program has a mandatory outcome(s), your mandatory outcomes & indicators will automatically appear.

- **Edmonton FCSS funded only**
  - **Outcome 1 (auto-populated):** Edm FCSS Program Area Mandatory Outcome & Indicator
  - **Outcome 2 (auto-populated):** Edm FCSS Social Inclusion Mandatory Outcome & Indicator
  - Up to 3 additional outcomes (and indicators) of your choosing.  
*You can select any outcome from the list of common outcomes.*
  
- **UWAY funded only**
  - **Outcome 1 (auto-populated):** United Way Desired Result Indicator
  - Up to 4 additional outcomes (and indicators) of your choosing.  
*You can select any outcome from the list of common outcomes.*
  
- **Edm FCSS & UWAY funded**
  - **Outcome 1 (auto-populated):** Edm FCSS Program Area Mandatory Outcome & Indicator
  - **Outcome 2 (auto-populated):** Edm FCSS Social Inclusion Mandatory Outcome & Indicator
  - **Outcome 3 (auto-populated):** United Way Desired Result Indicator
  - Up to 2 additional outcomes (and indicators) of your choosing.  
*You can select any outcome from the list of common outcomes.*
  
- **Capacity Building and/or Partnership/Collaboration Programs**
  - If funded by Edmonton FCSS, the first two outcomes will be your mandatory outcomes
  - If funded by UWAY, there are no assigned outcomes/indicators
  - Additional outcomes of your choosing can be reported.

## SECTION 4: FOR EACH OUTCOME REPORTED

Whether it is a mandatory outcome & indicator or one of the program's additional outcomes & indicators, the data fields you need to fill out are the same. These questions are repeated for the number of outcomes you are required & additional outcomes you have chosen to report on.

**Outcome: Select outcome** from the drop-down box. If it is a mandatory outcome, there will only be one choice.

*Click onto the next page.*

**Indicator: Select indicator** from the drop-down box. If it is a mandatory indicator, there will only be the mandatory choice(s).

**When data was collected:** Select when the majority of the data was collected: *pre, post, pre & post, during the program, during & post, follow up, and pre, during & post.*

**What tool did you primarily use to collect the data:** Select the primary tool you used to collect the data: *Administrative statistics, direct observations, group discussions, interviews, review of charts or other documentation, survey/questionnaire.*

*Click onto the next page.*

**Number of Participants you ATTEMPTED data collection:** Enter in the number of participants you attempted data collection with (*note: it must be equal to or less than your total number of Unique Participants*).

*Click onto the next page.*

**Number of Participants you ACTUALLY collected data from:** Enter the number of participants you actually collected data from (*note: it must be equal to or less than your total number attempted*).

*Click onto the next page.*

**Number of Participants that demonstrated or showed positive change:** Enter the number of participants that experienced or demonstrated positive change, out of those you collected data from (*note: it must be equal to or less than your total number collected data from*).

**Key Themes & Positive Change:** Use this space to provide some context to the positive change you just reported. What does positive change look like for this outcome/indicator? How do you know positive change has occurred?

## SECTION 5A: SUCCESS STORY

Please share a success story that best reflects the difference the funded program has made with your participants/community and that you are comfortable sharing publicly. Please alter any identifying details. **This includes changing the names of any staff or participants you are describing in the story.**

### Success Story

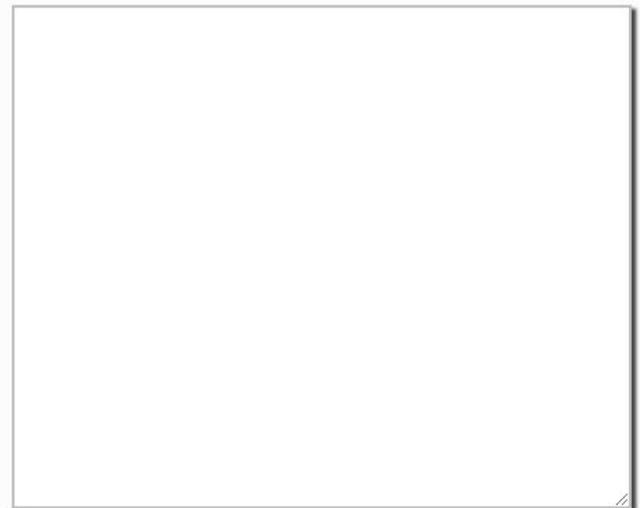
Please use the space below to share success stories that best reflect the difference you have made with your participants/community.

Please do not include any information in your story that identifies (or could identify) individuals.

### Tips:

- ➡ Consider impact of the program. How is the participant demonstrating new skills they have learned? How has there been growth in the participant outside of the program? What difference has this program made in their life?
- ➡ Envision the story being told to a group of people to motivate them and to show them what your agency can do. Give details about the context of your story *(For example: How did the participant end up coming to your organization & what were they in need of support for)*
- ➡ Demonstrate how their time spent with the agency connected them with the community, taught them skills they needed, helped them attain their basic needs, provided them with educational/financial support etc.
- ➡ Describe their transformation as seen through the eyes of the agency and how their time spent with the agency made a difference in their life.

Q237 Enter your program's success story here:



\*Optional - characters remaining: 3000

In order to streamline our process we have added a check box where you can give us permission automatically to use your success story in any materials the funders publish. This will save us from having to contact your organization to get your permission at a later date. If you prefer the funders to just read the story and not share it, please select the option "No, I do not want this story to be shared beyond my report."

## Permission to Share

**By checking yes in the question below you are providing your consent for this success story to be used by the three funding bodies** (*Edmonton Region Children Services, Edmonton FCSS and United Way of the Alberta Capital Region*), **for the Common Outcomes Report** and other dissemination. (*For example, internal reports, the FCSS Website etc.*)

**If you select no, we will read your story within the the Common Outcomes Group, but the story will not be shared outside of each funder and their team** (*Liaison, Consultant, Manager for your program*).

**I give my permission for this success story to be used to represent my program area or in other forms of dissemination such as reports, websites, etc.:**

Yes

No

*\*Required*

**Note: Please remember to change all the identifying characteristics of individuals in your story**

**As a reminder, you should be obtaining consent from participants before submitting their story!**

## SECTION 5B: REFLECTION QUESTIONS

Consider working through them as a team first and then summarizing the responses for the report. The goal of these questions is for the funded agencies (and then the funders) to reflect on what we are learning from evaluation, highlight the difference the programs are making, what can be done better, and look at the impact of all the programs together.

### Evaluation Reflection - 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.

#### **Thinking about the trends in the community:**

What are the most prominent and important trends or issues affecting participants that are accessing the program?

#### **Thinking about deeper, enduring impact for participants...**

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

#### **Thinking about barriers to success:**

A number of barriers have consistently been reported over the past 5 Common Outcomes Reports. Which of the following barriers have you begun to address:

- As part of your core program or service (i.e. it's part of the program planning, activities and budget)
- In addition to your core program or service (i.e it's not part of the program activities but is required to help support participants in achieving their goals)
- Are there any other barriers program participants are facing? How have you been trying to address them?

#### **1. 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

#### **2. 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

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

Yes

No

4. **Describe Barriers** Open ended optional

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

## Evaluation Reflection - Partnership Funding

If you are reporting as a **funded partnership**, the reflection questions will be slightly different to reflect working in partnership.

### **Thinking about the program/partnership:**

1. *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:**

2. *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:**

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

4. *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...**

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

## COVID 19 QUESTIONS (OPTIONAL)

These questions have been included to better tell the sector story related to the significant impacts of the COVID-19 pandemic on organizations, programs and participants. Capturing this data will help us to explain any changes in the numbers provided and highlight the role of the social services sector in responding to the global pandemic.

1. *How did your program adapt in response to COVID-19?*
2. *Did this impact the information provided in this report?*
3. *How have participants in this program been impacted by COVID - 19?*
4. *How have program adaptations affected your program delivery going forward?*
5. *Learning from the last few months, what could we, as a community, do differently to effectively respond to any large scale emergencies?*

## SUPPLEMENTARY INFORMATION (OPTIONAL)

If you need to provide any additional information, context or clarifying notes about the data or the contents of the report, there is a text box at the end of the report. This is *entirely optional*, and only needs to be completed if you choose to provide additional or supporting information.

In addition to this text box, there is also an opportunity to provide a link to other research or evaluation reports that supplement this Common Outcomes Report. This is *entirely optional*, and only needs to be completed if you choose to provide a link.

## EMAILING THE REPORT

Proof of COR report submission will automatically be sent to:

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

## COR REPORT SUMMARY PAGE

**PRIOR to submitting your Common Outcomes Report**, a COR Summary page is displayed that outlines everything you have entered into the report. This is a great way to check that everything was entered properly (without having to go back through the report). **Please review the contents of the report at this time. Once you submit the report, you cannot make any edits or changes.**

## COR REPORT SUBMISSION PAGE - PRINT, SAVE AND/OR SUBMIT

From this page you have the following options:

### Move backwards and continue working on the report



**TO CONTINUE WORKING ON THE REPORT:** You can use this WHITE & BLUE ARROW BUTTON to return through the report and keep working on it before you submit.

### Print (or save a PDF copy of) your report



**TO PRINT the report:** You can print the entire report (or save to PDF) from the COR Report Submission Page by using the GREEN PRINT BUTTON before submitting.

Once you click the GREEN PRINT BUTTON, a new tab will open with the full report (*note: ensure that your pop-ups are not blocked*).

Use your browser print function to either 1) select the printer and print a hard copy, or 2) select the “Print to PDF” option from the printers list and save the PDF to your computer.

A short instructional video is [available here](#).

### Save and come back later to submit (don't forget to come back and submit!)



**TO SAVE the report:** If you are not quite ready to submit the report, you can save it and when you return it will open back up to this page so you can submit. Please remember to come back and submit the report before the deadline!

### Submit your report (once you submit you cannot edit!)



**TO SUBMIT the report:** You can submit the report by clicking the RED checkmark button.

Once you click the RED SUBMIT BUTTON, your report will be submitted and you will not be able to make any additional changes.

After you submit, a confirmation email will be sent to the COR Report contact, program contact and your funder(s).

## APPENDIX A:

### 2020 EDMONTON FCSS MANDATORY OUTCOMES BY PROGRAM AREA

Due to provincial reporting requirements, Edmonton FCSS funded agencies are required to report on mandatory outcomes year over year. Please consult your operating requirements letter to confirm your assigned mandatory outcome.

#### Adult Support

**Outcome:** #2: Participants have improved skills to address identified issues.

**Indicator:** c) Participants demonstrate skills in one or more of the following areas: money management/financial; self-care; community involvement; socialization; self-advocacy; interpersonal/relationships; parenting; literacy; refusal skills.

**Provincial Priority Measure:** I take action towards improving my life more often.

**Outcome:** #14: Participants have improved networks of social support.

**Indicator:** b) Participants report having sources of personal, cultural, community, or professional support.

**Provincial Priority Measure:** I am more connected with others in my neighbourhood/community.

#### At Risk Youth

**Outcome:** #1: Children and youth have improved developmental skills.

**Indicator:** a) Participants demonstrate developmentally appropriate skills in one or more of the following areas: (positive identity)

**Provincial Priority Measure:** [Insert name] has helped me to feel that I am better at handling whatever comes my way.

**Outcome:** #14: Participants have improved networks of social support.

**Indicator:** a) Participants demonstrate developmentally appropriate skills in one or more of the following areas: (personal/social skills)

**Provincial Priority Measure:** I get along better with others.

#### Capacity Building

**Outcome:** #10: More effective community organizations.

**Indicator:** b) Organizations report resources (e.g., research, tools and templates) have strengthened organizational capacity (e.g., board and financial governance, succession planning, evaluation support).

**Provincial Priority Measure:** My organization is better able to serve the people in my community.

**Outcome:** #9: Strengthened individual skills within organizations.

**Indicator:** d) Organization staff or volunteers report relationships/connection have been enhanced.

**Provincial Priority Measure:** I have/My organization has developed better working relationships with other community agencies.

## Children

**Outcome:** #1: Children and youth have improved developmental skills.

**Indicator:** b) Participants demonstrate/report behaviours or feelings that are consistent with some of following of the eight developmental assets: (social competency)

**Provincial Priority Measure:** [Insert name] has helped my/this child to feel good about himself/herself or [Insert name] has helped me feel good about myself.

**Outcome:** #1: Children and youth have improved developmental skills.

**Indicator:** b) Participants demonstrate/report behaviours or feelings that are consistent with some of following of the eight developmental assets: (social competency)

**Provincial Priority Measure:** My/this child is better at making friends.

## Community Development

**Outcome:** #8: Participants have increased positive involvement in the community.

**Indicator:** a) Participants report or demonstrate becoming more interested in community activities or groups (e.g., try activities that are new to them, get involved in volunteering for or organizing community activities, become part of a group of people with common interests).

**Provincial Priority Measure:** [As a result of participating in this initiative]. . . community members are better prepared/more ready to take ownership of community initiatives.

**Outcome:** #14: Participants have improved networks of social support.

**Indicator:** b) Participants report having sources of personal, cultural, community, or professional support.

**Provincial Priority Measure:** [As a result of participating in this initiative]. . . I am more connected with others in my neighbourhood/community.

## Early Childhood

**Outcome:** #1: Children and youth have improved developmental skills.

**Indicator:** a) Participants demonstrate developmentally appropriate skills in one or more of the following areas: (communication skills)

**Provincial Priority Measure:** My/this child is better at using her/his words to communicate with others.

**Outcome:** #1: Children and youth have improved developmental skills.

**Indicator:** b) Participants demonstrate/report behaviours or feelings that are consistent with some of following of the eight developmental assets: (social competencies)

**Provincial Priority Measure:** My/this child is better at playing cooperatively with other children.

## Family Support

**Outcome:** #3: Participants have improved family functioning.

**Indicator:** b) Participants demonstrate increased positive interactions among family.

**Provincial Priority Measure:** My family feels closer to one another.

**Outcome:** #14: Participants have improved networks of social support.

**Indicator:** b) Participants report having sources of personal, cultural, community, or professional support.

**Provincial Priority Measure:** My family has more people we can count on to help us.

## Information & Referral

**Outcome:** #12: Participants have increased knowledge of community resources.

**Indicator:** a) Participants identify community resources that could address their information or service needs

**Provincial Priority Measure:** I know more about how to access the community resources I need.○

**Outcome:** #14: Participants have improved networks of social support.

**Indicator:** b) Participants report having sources of personal, cultural, community, or professional support.

**Provincial Priority Measure:** I feel supported by [insert individual/ group/ program].

### **Partnerships/Collaborations**

**Outcome:** #11: Enhanced collaborative efforts.

**Indicator:** b) Participants of the collaborative report that they are better able to meet community needs due to working together.

**Provincial Priority Measure:** As a result of working together, the collaboration/partnership: a) Is more effective than each partner could be operating on its own **and/or** b) Has made more of a positive impact on social issues in our community

**Outcome:** #9: Strengthened individual skills within organizations.

**Indicator:** d) Organization staff or volunteers report relationships/connections have been enhanced.

**Provincial Priority Measure:** I have / My organization has developed better working relationships with other community agencies.

### **Public Education**

**Outcome:** #7: Participants develop increased awareness regarding social issues in the community.

**Indicator:** a) Participants identify social issues that impact their quality of life or that of others in their community

**Provincial Priority Measure:** I have a greater understanding of the impact of [insert community social issue] on my community.

**Outcome:** #7: Participants develop increased awareness regarding social issues in the community.

**Indicator:** b) Participants identify ways they could get involved in addressing social issues that impact their quality of life or that of others in their community

**Provincial Priority Measure:** I have / My organization has more of the necessary knowledge to help address this community social issue.

### **Seniors**

**Outcome:** #12: Participants have increased knowledge of community resources.

**Indicator:** c) Participants report awareness about the options and resources available to them (e.g., types of housing, counselling, safety-related information/support, financial information/support, community involvement, health-related services).

**Provincial Priority Measure:** I know more about how to access the community resources I need.

**Outcome:** #14: Participants have improved networks of social support.

**Indicator:** a) Participants report making positive social connections with peers in the program or in the broader community (through the program)

**Provincial Priority Measure:** I have (met/reconnected with/formed new relationships with) people from my neighbourhood/community.

## **Volunteer Support**

**Outcome:** #8: Participants have increased positive involvement in the community.

**Indicator:** f) Volunteers identify what they have learned about their community and/or themselves through volunteering (e.g., community issues, how they can match their own interests or skills with volunteer opportunities).

**Provincial Priority Measure:** [Insert name] has helped me to feel a sense of belonging to my neighbourhood/community.

**Outcome:** #14: Participants have improved networks of social support.

**Indicator:** a) Participants report making positive social connections with peers in the program or in the broader community (through the program).

**Provincial Priority Measure:** I have (met/reconnected with/formed new relationships with) people from my neighbourhood/community.

## **Youth**

**Outcome:** #1: Children and youth have improved developmental skills.

**Indicator:** a) Participants demonstrate developmentally appropriate skills in one or more of the following areas: (positive identity)

**Provincial Priority Measure:** [Insert name] has helped me to feel I am better at handling whatever comes my way.

**Outcome:** #1: Children and youth have improved developmental skills.

**Indicator:** a) Participants demonstrate developmentally appropriate skills in one or more of the following areas: (personal/social skills)

**Provincial Priority Measure:** I get along better with others.

## APPENDIX B: 2020 UNITED WAY INDICATORS BY DESIRED RESULT

### Focus Area: **Breaking the Cycle**

**United Way Desired Result:** *Children have age appropriate skills and development in the early years (Ages 0-5).*

**Indicators:**

- Participants demonstrate developmentally appropriate skills in one or more of the following areas: personal/social skills, communication skills, gross motor skills, fine motor skills, problem solving skills, coping skills, literacy, numeracy.

And/or

- Caregivers identify strategies to apply in one or more of the following areas: providing a nurturing environment, helping their children develop age-appropriate skills, providing positive feedback to children, addressing children's behaviour challenges, setting boundaries, transmission of traditional knowledge or skills.

**United Way Desired Result:** *Children and youth have the community support they need to succeed in school.*

**Indicators:**

- Participants demonstrate/report behaviours or feelings that are consistent with some of the eight developmental assets: support, empowerment, boundaries & expectations, constructive use of time, commitment to learning, positive values, social competencies, positive identity.

And/or

- Participants access nutritious food (e.g. fruits, vegetables, multiple food groups).

### Focus Area: **Lifting People Out**

**United Way Desired Result:** *Individuals have the capacity to obtain and retain employment that provides for basic economic security.*

**Indicators:**

- Participants increased their wages or found employment.

And/or

- Participants report being involved in activities that support or assist with adult education (degrees, certificates, credentials or qualified for continuing education) or employment readiness (job relevant licences, resume writing support, interview skills, accessing proper equipment, skills training, gaining proper ID).

**United Way Desired Result:** *People have the knowledge, skills and resources needed to attain financial stability.*

**Indicators:**

- Participants access resources that promote financial stability (e.g. employment opportunities, career counselling, financial literacy training, accessing benefits and/or subsidies).

And/or

- Participants demonstrate skills in one or more of the following areas: money management/financial; self care; community involvement; socialization; self advocacy; interpersonal/relationships; parenting; literacy; refusal skills.

## Focus Area: Providing a Safety Net

**Desired Result:** *Individuals and families can access a network of community support to address their needs.*

**Indicators:**

- Participants report referrals provided were relevant to meet their needs.

And/or

- Participants identify community resources that could address their information or service needs (e.g. could be for caregiving, relationships, mental health, physical health, basic needs, abuse, community connections, intergenerational trauma or other issues).

**Desired Result:** *Individuals and families have access to comprehensive mental health supports.*

**Indicators:**

- Participants identify social issues that impact their quality of life or that of others in their community (e.g. poverty, family violence, bullying, broader personal safety, crime, addictions, mental health, sexual health, healthy relationships, homelessness, physical disabilities/chronic health conditions).

And/or

- Participants demonstrate an increased capacity to solve day-to-day problems and challenges (problem-solving skills).

And/or

- Participants report feeling heard/understood/respected by program staff, volunteers and/or other participants.

**Desired Result:** *People are able to access and maintain their basic needs*

**Indicators:**

- Participants access nutritious food (e.g. fruits, vegetables, multiple food groups).

And/or

- Participants access housing that is safe, adequate, affordable, permanent - in either independent or supported living arrangements, as appropriate to their needs (e.g. their physical, mental or social health; economic situation).



# Common Outcomes Report (COR) Work Book

*Reporting Year*  
*2020*

[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 [link] is 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, 2021.**

## 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: 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: Funding & Program Supports

- a) Funding (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 questions
- b) Additional program information

### Section 3: Unique Participants

- a) Unique Participants
- b) Indigenous Participants
- c) Newcomer Participants

- d) Participants by Geographic Community (UWAY only)
- e) Participants by Gender Identity (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 one (1) United Way indicator for the assigned Desired Result (United Way Desired Results will auto-populate)
- c) Choose to report two (2) additional United Way indicators for the assigned Desired Result and/or
- d) 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 Details

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.*

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## Section 1e: 211 Update

**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](mailto:database@ab.211.ca) or 780-392-8722*

- Yes
- No

**Section 2a: Funding for [Program Name]**

**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.*

**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?**

- AGLC/Casinos Amount: \_\_\_\_\_
- Canada Summer Jobs Amount: \_\_\_\_\_
- Donations Amount: \_\_\_\_\_
- Edmonton Community Foundation Amount: \_\_\_\_\_
- Fundraising Amount: \_\_\_\_\_
- In-Kind Amount: \_\_\_\_\_
- Revenue from membership and/or fees Amount: \_\_\_\_\_
- Sponsorship (Corporate) Amount: \_\_\_\_\_
- Other City of Edmonton Funding Amount: \_\_\_\_\_
- Other Government of Alberta Funding Amount: \_\_\_\_\_
- Other Government of Canada Funding Amount: \_\_\_\_\_
- Other Foundation Funding Amount: \_\_\_\_\_
- Other Nonprofit Organizations Amount: \_\_\_\_\_
- Other Municipal Government Funding Amount: \_\_\_\_\_
- Other Provincial FCSS funding Amount: \_\_\_\_\_
- 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 \_\_\_\_\_

Section 2c: **FCSS Specific Questions (Only for those funded by Edmonton FCSS)**

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:**

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

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

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**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

**Please provide one or two sentences that demonstrate outputs and the impact your organization has on the community OR if your program offers services to clients, please link your program outputs to the impact on clients served. i.e. In 2020, 15,051 backpacks filled with school supplies were given to K-12 students (500 characters)**

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**Occasionally, our business and community partners host product drives for our funded partners. If applicable, what are the top three needed items for this program?**

- 1.
- 2.
- 3.

**If applicable, list three small to medium sized projects that United Way Day of Caring volunteers could complete to support your program (i.e. event support, sorting items, painting, renovations, etc).**

- 1.
- 2.
- 3.

**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:

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

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**Is there an/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?**

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### 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

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: 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:

- |                                |                                |
|--------------------------------|--------------------------------|
| <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+: _____   |

Age Unknown # of participants age unknown: \_\_\_\_\_

**NOTE: The total number of Indigenous and/or Newcomer participants, cannot exceed the total unique participants reported in section 3a.**

**Page 3d: UWAY Only: Participant Data by Community for Programs funded by United Way**

**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.

**Page 3e: UWAY Only: Participant Data by Gender for Programs funded by United Way**

**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:**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Boy/Man/Male            | # of participants: _____ |
| <input type="checkbox"/> Girl/Woman/Female       | # of participants: _____ |
| <input type="checkbox"/> Gender Diverse          | # of participants: _____ |
| <input type="checkbox"/> Gender Identity Unknown | # of participants: _____ |

**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.

## Section 4: Outcome Reporting

### Mandatory Outcomes will be auto-populated

#### Edm FCSS Funding only?

Outcome 1 and 2 will be your mandatory outcomes/indicators as per your funding letter/agreement (can report up to 3 additional)

#### Edm FCSS & UWAY Funding?

Outcome 1, 2 and 3 will be your mandatory outcomes/indicators as per your funding letters/agreements (can report up to 2 additional)

#### UWAY Funding only?

You must report on the mandatory outcome as per your funding agreement (can report up to 4 additional)

#### Capacity Building with only UWAY funding?

No mandatory outcomes, select which outcomes you would like to report (report at least 2 and up to 3 additional outcomes)

#### *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): \_\_\_\_\_

#### *Capacity Building Funded (UWAY only)*

Outcome #1: \_\_\_\_\_

Indicator #1: \_\_\_\_\_

Outcome #2: \_\_\_\_\_

Indicator #2: \_\_\_\_\_

***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*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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*

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*Thinking about the trends in the community...*

**What are the most prominent and important trends or issues affecting participants that are accessing the program?** *Open ended*

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*Thinking about deeper, enduring impact for participants...*

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

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*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*

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

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**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.**

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*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?**

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*Thinking about working together:*

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

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**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?**

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*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?**

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**COVID-19 Questions (Optional)**

**How did your program adapt delivery in response to COVID-19?**

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**Did this impact the information provided in this report?**

- Yes
- No

**How have participants in this program been impacted by COVID-19?**

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**How have program adaptations affected your program delivery going forward?**

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**Learning from the last few months, what could we, as a community, do differently to effectively respond to any large scale emergencies?**

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**Section 5e: Supplementary Information (Optional)**

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

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**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, 2021.**

**FCSS**  
Family & Community  
Support Services

