

FIRST NATIONS HEALTH AUTHORITY
WATER AWARENESS GRANT 2024/2025 – CLOSING REPORT

REPORTERS CONTACT INFORMATION

Name: _____ Organization: _____
 Phone: _____ Email: _____
 Mailing Address: _____

THE COMMUNITY EVENT 'AT A GLANCE'

Title	
How many people participated? <i>[INCLUDE APPROXIMATE #]</i>	
List the types of activities that were hosted at the event? <i>[EG: WORKSHOPS, SPORTS, GAMES, CONTESTS ETC.]</i>	WATER SOURCE EDUCATION • • •
	WATER TREATMENT EDUCATION • • •
	WATER CONSERVATION EDUCATION • • •
	OTHER • • •
List top three to four event highlights, key messages, testimonials or outcomes.	• • •
List three things that helped or allowed you to host a successful event.	• • •
List top three issues, challenges or things that you would fix.	• • •
Is there improved understanding of Drinking Water in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:
Was this the first year you participated?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many times? _____

DESCRIBE WHY THESE TYPES OF WATER AWARENESS EVENTS ARE BENEFICIAL TO THE COMMUNITY?

[MAXIMUM 1 PARAGRAPH]

YOUR INPUT TO THE WORK WE DO WITH BC FIRST NATIONS COMMUNITIES IS VALUABLE. WHAT WOULD YOU PROPOSE THAT THE FNHA COULD DO TO BETTER IMPROVE THE PROCESS FOR THE OCOW GRANT?

[MAXIMUM 1 PARAGRAPH]

WHAT OTHER TYPES OF FINANCIAL RESOURCES DID YOUR COMMUNITY USE TO SUPPLEMENT THE EVENT?

[MAXIMUM 1 PARAGRAPH]

PROVIDE A FINAL FINANCIAL REPORT BELOW ON THIS WATER AWARENESS GRANT

[INSERT AS MANY ROWS AS REQUIRED IN ORDER TO COMPLETE THIS SECTION].

FINAL ITEMIZED EXPENDITURES	AMOUNT
TOTAL EXPENSES	\$

****If interested, please also submit photos, artwork completed, videos, songs/recordings that FNHA can post to share information about your event with other communities****

I agree to allow FNHA to use the materials submitted to be used for website, communications or other purposes to promote drinking water awareness.

Signed _____ Date _____