Common Outcomes Report (COR) Work Book

Reporting Year
2023

Common Outcomes Report

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 the COR Report Recipient Contact, 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, 2024.

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 Contact Info (Autofilled/confirm/adjust)
c) Program Contact Information (Autofilled/confirm/adjust)
d) Program Details (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)

> **If applicable: Edmonton FCSS 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)

Section 3: Unique Participants
a) Unique Participants
b) Indigenous Participants
c) Racialized Individuals
d) Newcomer Participants
e) Participants by Gender Identity

Section 4: Outcomes & Indicators
a) Report on up to 3 assigned outcomes/indicators based on your funding agreement with FCSS

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 should receive the link to complete the Common Outcomes Report. It will be auto-populated based on the data provided in last year's COR report.

COR contact name: *This will now be auto-populated.*

COR contact email: *This will now be auto-populated.*

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

If no, please correct:

Adjusted COR contact name: _____

Adjusted COR contact 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 1-3 sentences (500 characters) and may be 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 Inform USA, 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, or visit https://ab.211.ca/question/.*
- ❏ Yes
- ❏ No

Edmonton FCSS Funding: *This will be auto-populated if you are funded by Edm. FCSS*
Edmonton FCSS Other: *This will be auto-populated if you are funded by Edm. FCSS other funding.*
Collaborative Funding: *This will be auto-populated if you are funded by collaborative funding between Edm. FCSS and UWAY*
United Way Funding: *This will 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.

FTE's (Full time equivalent)

Total Number Service Delivery FTEs for this Program (funded by all sources):
Enter # of FTEs for THIS PROGRAM _____

For programs receiving FCSS funding for Partnerships/Collaborations

> **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

FCSS
Family & Community
Support Services

Edmonton

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? *(maximum 1000 characters)*

_____
_____
_____

Please describe how this partnership (from your program's perspective) is contributing to the identified focus. *(maximum 1000 characters)*

_____
_____
_____

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 _____

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: _____

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

If the number of Unique Participants reported is significantly different from last year, you will be asked to provide context as to the reason for this difference. Your response to this question is for information purposes only and is to help us understand agency and community context. *(maximum 300 characters)*

_____
_____

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

Do you collect data on and wish to share 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:

- ❏ 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: _____

Do you collect data on and wish to share 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:

- ❏ 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: _____

Do you collect data on and wish to share 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: _____

For this section, we are using the demographic categories outlined in PolicyWise's Demographic Datapedia. For more information, please see *Section 2.3.2 Diagram of Response Options* under *Section 2. Gender Variable*, here: https://policywise.com/buildbetterdata/datapedia-gender/.

Do you collect data and wish to report on the number of participants by gender that your program serves? Yes or No

If yes, please provide the following:

How many 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 "Information not gathered."

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

Section 4: **Outcome Reporting**

You will be asked to report on your assigned outcomes/indicators as per your FCSS funding agreement. These outcomes/indicators will automatically populate in your report. For *each* indicator, you will be asked the following:

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 5a: **Success Story**

Success Story

This is an opportunity for your program to share a success story regarding the impact your program or partnership has had on participants. The stories are read by the funders and used in the Common Outcomes Report roll up as well as other reporting documents to illustrate impact in a qualitative story form.

 Please remember to remove the names of any staff or participants.

Enter your success story here: *(Optional, maximum 3000 characters)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Success Story Consent

Permission to share your program's success story:

By checking yes you are allowing the success story to be used by the two funding bodies for the Common Outcomes Report and other dissemination. We assume that this means that you have also received permission from the participant.

- ❏ Yes, we provide consent to share the success story.
- ❏ No, we choose to keep the success story private.

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**. *(Optional, maximum 2000 characters)*

_____
_____
_____

_____

Thinking about deeper, enduring impact for participants...

> **How are participant's lives being changed as a result of the program?** *(Optional, maximum 2000 characters)*

_____

_____
_____

_____

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.** *Optional*
> ❏ 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. *Optional*
- ❏ 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? *Optional*
- ❏ Yes
- ❏ No

Describe Barriers *(Open ended optional, maximum 2000 characters)*

_____
_____
_____

If so, how have you been trying to address them? *(Open ended optional, maximum 2000 characters)*

_____
_____

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. *(Optional, maximum 2000 characters)*

_____
_____
_____
_____

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? *(Optional, maximum 2000 characters)*

_____
_____
_____
_____

Thinking about working together:

By working together, has the partnership/collaborations identified new ways to solve problems? Please explain. *(Optional, maximum 2000 characters)*

_____
_____
_____
_____

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? *(Optional, maximum 2000 characters)*

_____
_____
_____
_____

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? *(Optional, maximum 2000 characters)*

_____
_____
_____
_____

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. *Optional*
- ❏ 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. *Optional*
- ❏ 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? *Optional*
- ❏ Yes
- ❏ No

Describe Barriers *Open ended optional*

_____

_____

_____

If so, how have you been trying to address them? *Open ended 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 <u>optional</u> 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, 2024.