



## PECSF Fund Supported Pool Second Progress Report

*Applications approved in 2014*

**Your organization was approved for program funding in 2014.**

This report is a second year “check in” for our donors to ensure the approved funded program (*\*as attached*) is running as described in the original application and to update us on any changes.

***Failure to submit this information by the deadline of May 31, 2016, will affect the continuation of funding to your organization in the current cycle and future funding cycles.***

*\*Please keep a copy of this report for your records.*

### CONTACT INFORMATION

<b>PECSF Region:</b>	<b>City:</b>
<b>Name of Organization:</b>	
<b>Name of PECSF Funded Program/Project:</b>	
<b>Primary Contact:</b>	<b>Phone Number:</b>
<b>Position:</b>	<b>Email Address:</b>

**Certification** - *I certify that to the best of my knowledge all the information contained in this progress report is true and complete.*

<b>Full Name of signing authority:</b> <i>*please print</i>	<b>Date:</b>
<b>Position:</b>	

### Please note:

- Progress Reports which fail to provide all of the required information will be considered incomplete.
- Disbursement of funds will be withheld until complete documentation has been received.
- Organizations reporting significant variances to their approved funding application may be asked for additional information by regional review committees.
- PECSF reserves the right to dissolve the funding commitment in the event that a charity fails to comply with the annual reporting requirements.

### Submission Instructions:

Please send your completed report and financial documents electronically to [PECSF@gov.bc.ca](mailto:PECSF@gov.bc.ca)

## ORGANIZATION INFORMATION

1) Have there been any significant changes in leadership or organizational structure since your original application?

Yes:  No:

If yes, please explain:

## FUNDED PROGRAM DETAILS

2) Is the funded program currently active?

Yes:  No:

3) Have there been any changes to the approved program/service since your original application?

Yes:  No:

If yes, please provide details.

4) Other Program Information:

Number of direct clients benefiting: [Click here to enter text.](#)

Number of professional and support staff:

Full Time: [Click here to enter text.](#)

Number of volunteers: [Click here to enter text.](#)

Part Time: [Click here to enter text.](#)

5) Any changes to the scope and delivery of the program from your original funding application?

(E.g. Consider goals, objectives and timelines.)

Yes:  No:

If yes, please explain:

6) *(Optional)* PECSF regularly shares information with donors and volunteers on the impact of supporting nonprofit/charitable organizations. We invite you to provide us with web links, anecdotes, testimonials or other materials to share with donors and volunteers to better assist us with enhancing awareness of the impact of public service donations on your unique organization or program.

## FINANCIAL INFORMATION

7) Please note that in addition to providing your **current year (calendar or fiscal) operating budget** for the specific program funded by PECSF in the template below, we also require you to provide your **2015 approved financial statements**.

If unavailable, please explain:

*\*Reminder: Progress Reports which fail to provide all the required information will be considered incomplete and disbursement of funds will be withheld until all documentation is received.*

**Operating Budget / Detailed Expenses for PECSF Funded Project/Program:** [Click here to enter text.](#)

**Organization:** [Click here to enter text.](#)

Detailed Item Description for project/program/service <i>*add additional lines if applicable</i>	2016 (*Calendar or Fiscal) \$	PECSF \$	Other Funders \$	Total \$
Administrative expenses:				
Salaries:				
Employee training:				
Volunteer training:				
Honoraria:				
Materials & equipment:				
Promotion:				
Transportation:				
Computer leases/software:				
Facilities:				
Program evaluation:				
Other:				
<b>Total Expenses:</b>				

**Deadline for completion: May 31, 2016**

Source of Funding <i>*add lines if needed</i>	Revenue 2016 (*calendar or fiscal)			
	Cash	In-Kind	Confirmed	Potential
PECSF				
Other:				
Other:				
<b>Total Revenue:</b>				