



Indigenous Health
528 Wentworth Street
Nanaimo, BC V9R 3E4
Telephone: (250) 755-7691 Ext. 57571
Fax: (250) 740-6911

MID-TERM REPORT

Organization Name: _____

Project Name : _____

Contract Number: _____

Reporting Period:

Mid - Term (April 1 – September 30)

REPORT COMPLETED BY: _____
(Please Print)

TELEPHONE: _____

EMAIL: _____

APPROVED BY: _____
(Please sign and date)

PROGRAM ACTIVITIES REPORT

1.	SERVICES/ ACTIVITIES OUTLINED IN SCHEDULE A		
Project Objectives	Services / Project Activities	Project Outcomes	Number of Participants & Target Population
2.	Challenges and plans to address them:		
3.	Community Partners other organizations, physicians, VIHA, FNIH, community members (youth, family, elders, etc):		
4.	Evaluation Activities:		

FINANCIAL REPORT

Line Item Description	Annual Approved Budget	Months 1-6 Actual Expenditures	Year to Date Variance
REVENUE			
EXPENSES			
Employee Costs:			
Salary/Wages			
Benefits			
Total Employee Costs:			
Non-Employee Costs:			
Training:			
Facilitators:			
Honorariums - Max 5%			
Project Supplies			
Travel			
Other Expenses: Please specify:			
Total Non-Employee Costs:			
Administration Costs – Must not exceed 10%			
Total			

Please include articles, pictures, or material that relates to this project.

Please submit by November 1 and any questions to:

Contracts Coordinator
 Island Health
 Indigenous Health
 Fax: (250) 740-6911
 Email: IHDEIContracts@islandhealth.ca