Crime Prevention Investment Plan (CPIP) – Siim ohksin: Wahkotiwin
Year End Report
Reporting Period: January 1 to December 31, 2027

All Information provided is Public

Please note that sample reports are shared here to assist with data collection. Reports must be completed in FIMS. The content is subject to change as needed.

Organization Name:	
Program Name:	
Contact Name:	
Contact Email:	

Oral Reporting

1. Will you be either submitting an oral report or inviting us to take part in your oral reporting process?
   ____ Yes
   ____ No

If the answer to the above question is yes, please only answer questions 2 through 11 for the remainder of this report.

Program Location

2. a. What is the six-digit postal code (e.g., E2R 2W3) for the primary location where the program is delivered?
(Required, 7 characters max.)

   b. If applicable, what are the six-digit postal codes for any other locations where the program is delivered?
(Optional, 80 characters max.)

Program Activities

3. Describe program activities implemented during this reporting period. This should match the activities described in your application. If the activities your program delivered were different than originally planned, explain how and why they differed.
(*Required, 3000 characters max.*)

Clients, Contacts, Volunteers, & Volunteer Hours

4. **Unique Clients or Participants**

   a. Report the number of unique individual clients or participants served during the reporting period where a client file was opened.
   - Individuals should only be counted once per program.
   - Do NOT include 'contacts' because they are counted separately.

   _____ (number)
(*Required*)

   b. Comments regarding number of clients or participants.
(Optional, 1000 characters max.)

5. Please provide any available information the program collects on participant demographics (e.g., age, gender, ethnicity, Indigeneity, immigration status, etc.)
(*Optional, 2000 characters max.*)

6. **Number of Contacts**

   a. Report the number of contacts. A contact is a service where no client file is opened. It includes but is not limited to: telephone inquiries, drop-ins, one-time assistance with forms or referrals, participation in one-time information or education sessions, participation in community events, etc.
      - Do not include the number of times a worker meets with a client from the 'individual clients/participants served' category.
      - Do not include the number of web hits received.
      - Do not include the number of newsletters or brochures distributed.

      _____ (number)

(*Required)*

   b. Comments regarding number of contacts.

(*Optional, 1000 characters max.)*

7. **Volunteers and Volunteer Hours**

   a. Indicate the number of volunteers that provided support that directly benefited your program (e.g., volunteers who provide administrative support, direct program support, governance, fundraising, etc.).
      - Volunteers should be counted only once.
      - If volunteers provide support that directly benefits more than one CPIP funded program, please count them in only one of the program's Year End Reports.

      _____ (number)

(*Required)*

   b. Report the total number of hours that volunteers worked to support your program during the reporting period.

      _____ (number)

(*Required)*

   c. Comments regarding number of volunteers and/or volunteer hours.

(*Optional, 1000 characters max.)*

Partnerships and Collaboration

8. Total number of other organizations that were involved in the planning or implementation of the program, if applicable.

_____ (number)

(Optional)

9. Please list and briefly describe the role of each partner organization.

(*Optional, 2000 characters max.*)

Safer Together

Safer Together: A Community Safety and Wellbeing Plan for Calgary is The City of Calgary's new plan to create safer communities for everyone. Please see the action plan at*:* *https://www.calgary.ca/major-projects/community-safety/safer-together.html*

10. Identify which of the following collaborative action(s) in The City of Calgary's new *Safer Together* plan your program most strongly contributes to. Please select between one and three.

   - ○ Co-create and coordinate neighbourhood activities and community-rooted initiatives that promote connection
   - ○ Continue to strengthen the availability and coordination of supports for individuals experiencing

homelessness
- Bundle and coordinate efforts using hub-models to share information, resources and activities
- Enhance supports and environmental conditions to improve participation in community, work and public life
- Understand and meet needs of people from all backgrounds, identities and experiences
- Continue to improve processes and procedures that respond to safety and emergency incidents appropriately and in a timely manner
- Increase access to and promotion of free and low-cost supports and services
- Strengthen approaches to meet community and individual needs post-emergency and foster recovery
- Enhance preventative approaches to domestic and gender-based violence
- Enhance the variety of social, educational, arts, cultural and recreational activities offered so that all can be and feel included
- Strengthen the understanding of emotional wellbeing and what information and supports are available

(Required, select 1-3)

11. For each collaborative action selected, please describe how your program contributed to that action. Please provide specific examples and measures where available and appropriate to your program.

(Required, 2000 characters max.)

Mid-Term Outcomes

Use results of formal or informal data/information collection to describe the extent to which the program is positively influencing each Risk/Protective factor identified in your application. You are required to complete this section unless you are doing an oral report.

12. **Risk/Protective Factor #1**

    a. Risk/Protective Factor #1
    Should match your application.
    _____ (number)

(*Optional, one can be selected from the drop-down list provided)*

    b. Is the program positively influencing this Risk/Protective factor?
    _____ (yes or no)

    c. Please share data/information showing positive influence. What methods did you use to come to this conclusion? (e.g. surveys or interviews with participants, program records, systematic observation of programs, participant stories, sharing circles, traditional methods, conversations with staff, informal observation etc.).

(*Optional, 2000 characters max.)*

13. **Risk/Protective Factor #2**

    a. Risk/Protective Factor #2
    Should match your application.
    _____ (number)

(*Optional, one can be selected from the drop-down list provided*)

    b. Is the program positively influencing this Risk/Protective Factor?
    _____ (yes or no)

    c. Please share data/information collected showing positive influence. What methods did you use to come to

this conclusion? (e.g., surveys, interviews, program records, systematic observation of programs, participant stories, sharing circles, traditional methods, conversations with staff, informal observation etc.)
(*Optional, 2000 characters max.)*

14. **Risk/Protective Factor (if applicable)**

a. Risk/Protective Factor #3.
Should match your application.
_____ (number)
(*Optional*, *one can be selected from the drop-down list provided)*

b. Is the program positively influencing this Risk/Protective Factor?
_____ (yes or no)

c. Please share data/information collected showing positive influence. What methods did you use to come to this conclusion? (e.g., surveys, interviews, program records, systematic observation of programs, participant stories, sharing circles, traditional methods, conversations with staff, informal observation etc.)
(*Optional, 2000 characters max.)*

Success Stories

Please provide one or two short stories about people who have been impacted by your program. Please do NOT include any identifying information about participants. You are required to complete at least one unless you are doing an oral report.

15. First Story:
(Optional, 4000 characters max.)

16. Second Story:
(Optional, 4000 characters max.)

Other Program Impact Data

*The following two **optional** questions provide an opportunity for you to share additional information on the impact of this program that may not have been captured in the previous questions.*

17. If you would like to share any additional program impact data beyond the mid-term outcomes and success stories, please describe the results here. Indicate how this data was collected.
(*Optional, 4000 characters max.)*

18. Will you be providing any supporting documents to describe your program's impact? For example, oral and/or visual storytelling data, which could include audio, video, or photo files. If the file is too large to upload, please reach out to your Partnership Specialist.
_____ (yes or no)
(*Optional, 2000 characters max.)*

Continuous Improvement

You are required to complete this section unless you are doing an oral report.

19. What is working well with the program and why? How will the program sustain these successes?
(*Optional, 4000 characters max.)*

20. What isn't working well with the program and why? How will these challenges be addressed going forward?
(*Optional, 4000 characters max.)*

21. If there have been any contextual changes to the program, for instance in program goals or population served, please describe them here.
(*Optional, 4000 characters max.)*

22. To aid CPIP in its own continuous improvement efforts, please provide feedback on how this reporting process could be improved.
(*Optional, 4000 characters max.)*

Additional Comments

23. If there is anything else you would like to tell us, please do so here.
(*Optional, 4000 characters max.)*