

Food Security Initiatives Program

Final Report Template 2026-2027



A completed final report is complete once the following have been received:

- **All questions** have been answered to the best of your knowledge and ability. You may use a separate attachment to complete your answers if necessary.
- The financial report (Section 4) is complete and relevant documentation is attached.
- Where applicable, supporting documents such as testimonials, news articles, and photos are included.
- Copies of any project documents, reports, or participant feedback/evaluation results are included.

SECTION 1: ORGANIZATION OVERVIEW			
Name of Applicant Organization			
Contact Lead Name			
Contact E-Mail Address		Phone #	
Application File Number (<i>Found in Terms and Conditions letter</i>)		Project Start and End Date	
What is the primary mandate of your organization?			

SECTION 1: Answer the following statements based on your level of agreement.						
Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
This funding allowed my organization to provide access to healthy, culturally appropriate, and locally produced/prepared food.						
This funding allowed my organization to build its capacity to provide healthy, cultural appropriate, and locally produced/prepared food.						
This funding helped my organization to harness the benefits of working collaboratively to change food ecosystems and demonstrate a collective impact.						
This funding allowed my organization to create food ecosystems to address barriers and challenges to acquiring healthy, cultural appropriate, and locally produce/prepared food.						

SECTION 2: PROJECT REVIEW – Please answer the following questions by filling in the blanks or selecting from one of the options provided. Use a separate sheet if necessary.
Provide a brief description of the services you provided with this funding.

SECTION 2: PROJECT DETAILS*

SELECT THE PROGRAM/SERVICE AREA THAT IS MOST APPLICABLE TO YOUR PROJECT: (Check all that apply)

Meal Delivery Services	Food Hamper Delivery	Food Distribution / System Development
Food Pantries	Collaboration/Partnership	Facility/Service Enhancements
Community Meals	Backpack Program	Community Markets
Food Bank	Food Production/Garden	Other:

SELECT THE COMMUNITY(S)/POPULATION(S) THAT WAS THE FOCUS OF YOUR PROJECT: (Check all that apply)

Mi'kmaw	People with Disabilities	Children/Youth
African Nova Scotian	Immigrant/Newcomer	Seniors
Racially Diverse	Remote Communities	Students
Culturally Diverse	Rural Communities	2SLGBTIQ+
Other:		

SELECT THE INDIVIDUAL/HOUSEHOLD DEMOGRAPHIC(S) YOU SERVED: (Check all that apply)

*** Categories are based on Statistics Canada 2017-2018, Food Security Survey Analysis (<https://novascotia.ca/finance/statistics/news.asp?id=15544>). (Please category that best fits the people you served.)*

Female** Living Alone	Couple No Dependents	Female** Lone Parent
Male** Living Alone	Couple with Dependents	Male** Lone Parent
All Living Arrangements	Other:	

SELECT THE AGE DEMOGRAPHIC YOU SERVED: (Check all that apply)

Children (0-13 years)	Young Adult (19-35 years)	Older Adult (56-65 years)
Youth (14-18 years)	Adult (36-55 years)	Senior (66 and above)

THIS PROJECT SUPPORTED INDIVIDUALS/HOUSEHOLDS WHO FACE THE FOLLOWING LEVEL OF FOOD INSECURITY: (Select the option that best applies to your project participants)

Marginal Food Insecurity (those for whom there is a time during the year when there is a worry about running out of food and/or limited food selection due to lack of money for food)	Moderate Food Insecurity (those for whom there is a time during the year when the household had to compromise on the quality or quantity of food)	Severe Food Insecurity (those for whom there is a time during the year when the household faced reduced food intake)
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What geographic area(s) (e.g., town or community) participated in or benefited from the project?

SECTION 3: PROJECT METRICS	
How many meals/hampers/backpacks were distributed per week? (if applicable)	How many meals/hampers/backpacks <i>in total</i> were distributed? (if applicable)
How many individuals were served per week?	How many individuals in total were served?
Did you rely on volunteers to support your project? Yes No	If yes, how many?
Did you have any paid staff to assist with the project? Yes No	If yes, how many?
Where possible, my organization tried to source locally grown food:	
All of the time Some of the time Not at all When the budget allowed	
My organization received food from:	
A food bank Donations Reduced cost/free from a grocery store Community garden	
If your project involved supplying/delivering meals, where did you source your meals?	
My organization made them 'in house' We purchased meals from another organization	
Other:	
How did you acknowledge the Department of Communities, Culture and Heritage's financial contribution? (attach copies of any printed materials on which the logos were included if applicable).	
Please tell us anything else you would like about your project. You are encouraged to submit photos of your project via email and any participant feedback or impact statements.	

SECTION 4: FINAL FINANCIAL INFORMATION

FINAL PROJECT BUDGET EXPENDITURES

Budget Item	Total Cost of Item (\$)	Provide Details
Administration		
Staffing		
Rentals and Purchases		
Food Purchases		
Meal Preparation Costs		
Travel/Transportation Costs		
Resources and Supplies		
Operating Expenses (e.g., utilities)		
Other Expenses:		
TOTAL EXPENSES		

FINAL PROJECT BUDGET REVENUES (if applicable)

Sources of Funding	Cash (\$)	In-Kind (\$)	Provide Details
Organization			
Other Sources or Contributions:			
CCTH Funding Total			
TOTAL REVENUES			

CONSENT

I consent to the sharing of information contained in this final report with other government departments, organizations, or contractors that the Department of Communities, Culture, Tourism and Heritage (including African Nova Scotian, Acadian and Gaelic Affairs) has a data sharing agreement with.

I confirm that I am authorized to submit this final report on behalf of my organization or Mi'kmaw Band and that the statements in the report are complete and accurate, to the best of my knowledge.

I am aware that the information I have provided in this final report is subject to the Freedom of Information and Protection of Privacy Act, and any request for my personal information requires my written consent before it can be shared with a third party.

By signing below, you accept all the consent statements above that are applicable to you as a representative of an organization or Mi'kmaw Band.

Signature

Title (if applicable):

Print Name

Date

Send or submit your completed final report by mail or email, on or before its due date.

email: CCTHfood@novascotia.ca

Include "Local Food Security Initiative" in the subject line

Mail:

Department of Communities, Culture and Heritage c/o
Communities Nova Scotia Unit
PO Box 456, STN Central
1741 Brunswick Street, 3rd Floor
Halifax, NS B3J 2R5

For questions, please call:
(902)424-5793