

## 2022 Results Report for Weyburn and Area

### Instructions

- This results report is for the application for funding approved December 2021 for the period January 1, 2022 to December 31, 2022
- Type answers in the spaces provided.
- Answer all questions completely and do not direct to outside documents.
- To check a checkbox in the applicable questions, double-click on the checkbox and change the default value to “Checked” then click OK. An ‘X’ will appear in the box. If this does not work, put an X beside the box.
- Keep answers succinct and applicable to the question. The size of the box does not indicate the amount of content to be provided. The boxes will expand if you need to include more than the space displayed.
- Review this form to ensure it is complete.
- Email the completed form to [kgushuliak@unitedwayregina.ca](mailto:kgushuliak@unitedwayregina.ca).
- **The due date is January 31, 2023.**
- This Results Report will be considered as part of the application process if submitting an application in January 2023.
- For further information, questions, or request for accommodation, please contact Kristin Gushuliak, Community Grant Manager, [kgushuliak@unitedwayregina.ca](mailto:kgushuliak@unitedwayregina.ca)

### Section 1 – Organization Information

#### 1. The contact person for this report:

<b>Contact Name:</b>	Laura Eddy
<b>Contact Position Title:</b>	<b>Settlement Advisor</b>
<b>Email:</b>	<b><a href="mailto:Settlementweyburn.newcomer@sasktel.net">Settlementweyburn.newcomer@sasktel.net</a></b>
<b>Phone Number:</b>	

#### 2. Organization:

<b>Organization Name (legal name):</b>	Southeast Advocates for Employment Inc.
<b>Street Address or P.O. Box:</b>	<b>203 1<sup>st</sup> Street</b>
<b>Community/Region Name:</b>	<b>Weyburn</b>
<b>Postal Code:</b>	<b>S4H 0T4</b>

## Section 2 – Program Information

<b>3. Name of program indicated on the application for 2022 funding:</b>	Foreign Credentials and Drivers Program
<b>4. Provide a one-line description of the program:</b>	Providing financial support for Newcomers to obtain drivers license or foreign credentials for employment.
<b>5. Indicate the reporting Period:</b> (Most recently completed program cycle within the period January 1, 2022 to December 30, 2022 <u>(date)</u> to <u>(date)</u> ):	January 1, 2022 to December 31, 2022 (based on our fiscal year)

## Demographics

Complete the following questions on demographics for the program. Please answer with a final number, not a range or percentage.

<b>6. How many different individuals have been served by the selected program?</b> ( <u># of unique clients served as opposed to # of visits</u> )	16
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7. Fill out the demographic categories that you have program data readily available for:

- In the first column, select all the Population Types highlighted in grey that apply to your program. (Clicking on the box should add an “x”, if not, enter an “x” next to the box.)
- Then select the primary populations who are served within each Population Type if applicable. You are asked to select a maximum of 2 within each population type to identify the primary populations being served.
- Finally, enter the number of each population served.

PRIMARY (max 2)	Number Served	Population Type
<input type="checkbox"/>		<b><i>Populations by Age</i></b>
<input type="checkbox"/>		Early Years (0-5)
<input type="checkbox"/>		School-aged (6-12)
<input type="checkbox"/>		Adolescence (13-17)
<input checked="" type="checkbox"/>		Youth (18-29)
<input checked="" type="checkbox"/>		Adults (30-64)
<input type="checkbox"/>		Seniors and Elders (65+)
<input type="checkbox"/>		<b><i>Populations Requiring Specific Care or Supports</i></b>
<input type="checkbox"/>		People experiencing homelessness
<input checked="" type="checkbox"/>		People with low income or living in poverty
<input checked="" type="checkbox"/>		People living with mental illness
<input type="checkbox"/>		People struggling with addiction
<input type="checkbox"/>		Persons with disabilities
<input type="checkbox"/>		People experiencing interpersonal violence or abuse
<input type="checkbox"/>		People living in group homes or supportive living (under the age of 55)
<input type="checkbox"/>		<b><i>Indigenous People</i></b>
<input type="checkbox"/>		Indigenous: First Nations
<input type="checkbox"/>		Indigenous: Inuit
<input type="checkbox"/>		Indigenous: Metis
<input type="checkbox"/>		Indigenous: Non-Status
<input type="checkbox"/>		Indigenous: Unspecified
<input type="checkbox"/>		<b><i>Racialized Communities</i></b>
<input type="checkbox"/>		All (Do not select all unless you regularly serve all the communities listed. Check the top 3 and note any others.)
<input type="checkbox"/>		South Asian

PRIMARY (max 2)	Number Served	Population Type
<input type="checkbox"/>		Chinese
<input type="checkbox"/>		Black
<input checked="" type="checkbox"/>		Filipino
<input type="checkbox"/>		Latin American
<input type="checkbox"/>		Arab
<input type="checkbox"/>		Southeast Asian
<input type="checkbox"/>		West Asian
<input type="checkbox"/>		Korean
<input type="checkbox"/>		Japanese
<input checked="" type="checkbox"/>		Groups not otherwise specified
<input type="checkbox"/>		<b><i>Gender and Sexual Identity</i></b>
<input type="checkbox"/>		Male
<input checked="" type="checkbox"/>		Female
<input checked="" type="checkbox"/>		Members of LGBTQ2S+ communities
<input type="checkbox"/>		Gender Unknown
<input type="checkbox"/>		<b><i>Newcomers</i></b>
<input checked="" type="checkbox"/>		Permanent Residents - immigrants
<input type="checkbox"/>		Permanent Residents - refugees
<input checked="" type="checkbox"/>		Temporary Residents
<input type="checkbox"/>		Unknown Status
<input type="checkbox"/>		<b><i>Single Parent Households</i></b>
<input type="checkbox"/>		Single mothers
<input type="checkbox"/>		Single fathers
<input type="checkbox"/>		Single grandparents
<input type="checkbox"/>		<b><i>Other</i></b>
<input type="checkbox"/>		Specify:

## Outcome Measurement:

Inputs	
Inputs are the resources required to fulfill your selected program.	
<b>8. Check off the key Inputs that apply to the identified program and directly led to the intended outcomes:</b>	
<input type="checkbox"/> Computers and other technology	<input type="checkbox"/> Professional Development/Training
<input type="checkbox"/> Curricula	<input type="checkbox"/> Staff
<input type="checkbox"/> Equipment	<input type="checkbox"/> Supplies and materials
<input type="checkbox"/> Facility or Program Space	<input type="checkbox"/> Utilities
<input type="checkbox"/> Facility Security	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Funding	<input type="checkbox"/> Volunteers
X Other: Driving	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Activities	
Activities are the key tasks or services that demonstrate a reasonable response to the social issue identified and directly contribute to the program outcomes.	
<b>9. Check off the key Activities that you collected outputs on and that apply to the identified program:</b>	
<input type="checkbox"/> Assessment and Screening	<input type="checkbox"/> Outreach
<input type="checkbox"/> Case Management	<input type="checkbox"/> Provide Food
<input type="checkbox"/> Childcare	<input type="checkbox"/> Provide Shelter
<input type="checkbox"/> Counseling	<input type="checkbox"/> Raising Awareness or Public Education
<input type="checkbox"/> Crisis Support Lines	<input type="checkbox"/> Referrals
<input type="checkbox"/> Field Trips	<input type="checkbox"/> Rehabilitation or Therapy
<input type="checkbox"/> Home Visits	X Transportation
<input type="checkbox"/> Non-Crisis Support Lines	<input type="checkbox"/> Workshops/Instructional Classes
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Outputs	
Outputs are the anticipated products of the program's activities that will produce the desired intended outcomes for the program's participants.	
<b>10. Check off the key Outputs that you collected data on and that correspond to the Activities selected above and enter the number produced:</b>	
<b>Example:</b> <input checked="" type="checkbox"/> # of calls	<b>25</b>
<input type="checkbox"/> # of assessments completed	
X # of calls	53
<input type="checkbox"/> # of childcare spaces provided	
<input type="checkbox"/> # of counseling sessions conducted	
<input type="checkbox"/> # of educational materials distributed	
<input type="checkbox"/> # of field trips	

<input type="checkbox"/> # of home visits completed	
<input type="checkbox"/> # of meals served	
<input type="checkbox"/> # of new connections made	
<input type="checkbox"/> # of referrals made	
<input type="checkbox"/> # of rehabilitation/therapy sessions conducted	
<input type="checkbox"/> # of shelter spaces provided	
<input type="checkbox"/> # of specialty services that are culturally appropriate delivered	
<input type="checkbox"/> # of transports	
<input type="checkbox"/> # of web inquiries	
X # of workshops/instructional classes taught	1
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

<b>11. Indicate any changes made to inputs, activities and outputs compared to what was indicated on the application. Provide an explanation of why changes were made and what you learned throughout the process (i.e. did you add, remove or make changes to the planned inputs, activities or outputs listed on the application?):</b>
<b>Inputs: no change</b>
<b>Activities: no change</b>
<b>Outputs: no change</b>

**12. Did the program meet its targets and/or achieve its intent? Please explain.**

Our program met our targets and we achieved our goal. We set out to get more of our lower income participants their drivers licenses or a different class so that they could have opportunity for better employment. We had lots of inquiries into foreign credential recognition however due to the time restraints/financial obligations many of the participants chose to hold off on pursuing the assessment.

**13. Impact Story - Provide at least one Impact Story that highlights how your program made a change in the life of a participant. The most useful stories highlight a specific positive change resulting from the program, and then clearly states how the change is linked to United Way's Focus Area Outcomes\* All That Kids Can Be, Poverty to Possibility or Healthy People Strong Communities (maximum of 400 words). These stories could be used in United Way marketing materials and may be edited to fit the communication medium.**

**If possible, provide the name of the person who appears in the story, a photo and a signed photo release form (you can use your own form or one provided by United Way).**

Samuel has been with our office as a participant off and on for 2 years. Samuel is a transgender youth who has struggled with mental illness and addictions in his past. When he came into our office weekly, we could see he was being highly successful in his recovery and maintaining a household on his own and very engaged in the process of finding employment. Our office was able to assist Samuel in obtaining employment with a local retail store where he is still employed today. When asked what is new goal was now that he had obtained employment his answer was "I want to get my drivers license."

Through our program and with the assistance of a very patient and understanding driver instructor, Samuel was able to obtain his license and more independence. He is one of our success stories for our employment services and for our drivers' program.

\*\*Samuel is a very shy and private individual and declined to have his picture taken.

\*see Appendix A for more information on the Focus Areas.

**14. Provide additional quotes from participant children, youth, families/caregivers or individuals.**

**If possible, provide the name of the person who provided the quote, a photo and a signed photo release form (you can use your own form or the one provided by United Way).**

“Having my license is going to give me so much independence! Isabella  
“My license will allow me to obtain a job.” Samuel

**15. If there are any additional information/comments you would like to provide, enter it here. (E.g. Information about the effects of COVID-19 on programming, any changes to the organization, challenges, etc.)**

**16. Acknowledgment: Provide a list of the ways that your organization recognized United Way Regina for the funding over the past year. If possible, provide a screen shot of social media posts.** We posted on social media platforms, posters in our office for upcoming events for fundraising.

**By signing below:**

Agency signing authorities certify that they have the power to bind the agency, and further, they affirm that the total contents of this application are true, complete and accurate.

**Signature:**

\_\_\_\_\_  
Executive Director/CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address



## Appendix A

### United Way Focus Areas:

- **All That Kids Can Be:** Improving access to early childhood development programs, helping kids stay on track in school and graduate from high school.

#### **Success in School**

- Children are ready for school
  - Children and youth are successful in school
  - Youth make a healthy transition to adulthood
- From **Poverty to Possibility:** Increasing opportunities for individuals and families to move from living in poverty to become more independent and self-sufficient.

#### **Food Security, Housing Stability, Employment and Financial Literacy**

- Access to affordable, nutritious and appropriate food
  - Increased consumption of nutritious and appropriate food
  - Improved access to emergency shelter
  - Improved access to affordable housing
  - Increased access to supports to maintain stable housing
  - Increased support to find and maintain employment
  - Improved financial stability and avoidance of financial crisis
  - Improved access to affordable goods & services needed to support independence and stability
- **Healthy People, Strong Communities:** Improving access to social, health-related support services including systems navigation to find help when they need it the most.

#### **Personal Wellbeing and Safety and Connected to Supports**

- Improved mental health
- Improved safety especially victims of interpersonal violence and abuse
- Increased help to better navigate support systems
- Improved access/availability to services and supports

"Having my license is going to give me so much independence! Isabella  
"My license will allow me to obtain a job." Samuel

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**By signing below:**

Agency signing authorities certify that they have the power to bind the agency, and further, they affirm that the total contents of this application are true, complete and accurate.

**Signature:**

Subbie Hagel  
Executive Director/CEO Signature

Jan 25/2023  
Date

Subbie.cafe@zasktel.net  
Email address