FIRST NATIONS HEALTH AUTHORITY WATER AWARENESS GRANT 2023/2024 – CLOSING REPORT

REPORTERS CONTACT INFORMATION

Name:	Organization:
Phone:	Email:
Mailing Address:	
THE COMMUNITY EVENT 'AT A GLANCE'	
Title	
How many people participated? [INCLUDE APPROXIMATE #]	
List the types of activities that were hosted at the event? [EG: WORKSHOPS, SPORTS, GAMES, CONTESTS ETC.]	WATER SOURCE EDUCATION • • •
	• • •
	WATER CONSERVATION EDUCATION • • •
	<u>OTHER</u> • • •
List top three to four event highlights, key messages, testimonials or outcomes.	•
List three things that helped or allowed you to host a successful event.	•
List top three issues, challenges or things that you would fix.	•
Is there improved understanding of Drinking Water in your community?	☐ Yes ☐ No Please describe:
Was this the first year you participated?	☐ Yes ☐ No If no, how many times?

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UR INPUT TO THE WORK WE DO WITH BC FIRST NATIONS COMMI E FNHA COULD DO TO BETTER IMPROVE THE PROCESS FOR THE OF AXIMUM 1 PARAGRAPH]		WOULD YOU PROP
HAT OTHER TYPES OF FINANCIAL RESOURCES DID YOUR COMMUN AXIMUM 1 PARAGRAPH]	IITY USE TO SUPPLEMENT TH	HE EVENT?
OVIDE A FINAL FINANCIAL REPORT BELOW ON THIS WATER AWARDS IS ERT AS MANY ROWS AS REQUIRED IN ORDER TO COMPLETE THIS SERVICES		
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