



# Lethbridge Lifelong Learning Association

## CURRICULUM & RESOURCE DEVELOPMENT COMPLETION STATEMENT

Agency:	Contact Name:
Address:	Phone: Fax: E-Mail:

### CURRICULUM & RESOURCE INFORMATION

1. Title of new curriculum or resource

Required Programming Area:

- Adult Basic Literacy
- English or French as a Second Language
- Community Issues
  - Healthy Communities
  - Health and Wellness
  - Family Life
- Training for Employment

2. Completion Date: \_\_\_\_\_

3. What barriered learner/volunteer (target group) was the focus of the developed curriculum or resource?

4. How many hours were spent on developing the new curriculum or resource to fill a learning gap in Lethbridge? \_\_\_\_\_

5. How will this new curriculum or resource be used by your organization?

6. Please provide a copy of the new curriculum or resource developed by your organization.



6. Please complete the following Income and Expense form. Include all **actual income and expenses** for the Curriculum & Resource Development Project.

<b>INCOME</b>	<b>BUDGET PROPOSED</b>	<b>ACTUAL AMOUNT</b>
LLLA Grant Request		
Fundraising		
Other Grants (specify):		
Other Grants (specify):		
Other (specify):		
<b>TOTAL</b>		

**EXPENSES**

Wage Costs (research and development)		
Resource Materials and Supplies		
Printing of Resources		
Administration costs (maximum 10% of eligible expenses):		
Other (Specify):		
<b>TOTAL</b>		

**I hereby authorize that the above answers provide the complete and accurate information about the results of the above Curriculum & Resource Development Project. I acknowledge that the results provided may be subject to an audit by Lethbridge Lifelong Learning Association.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
L.L.L.A. representative name (print)

\_\_\_\_\_  
Date

**Return this form no later than 2 months after the completion of project:**

**Lethbridge Lifelong Learning Association  
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Lethbridge, AB  
T1j 0N9  
Phone/Fax: 403-524-3868**