***NEW BRUNSWICK SECRETARIAT OF OFFICIAL LANGUAGES***

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| **New Brunswick Bilingualism Support Program (NBBSP)** |

**ACTIVITY REPORT**

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| --- |
| **Organization name:**  |
| **Mailing address (civic number, street name, P.O. box):** |
| **City:** | **Province:** New Brunswick | **Postal code:** |
| **Telephone:** | **Extension:** | **Cell phone:** | **Email:** |
| **Contact person** |
| **Title:** **Mr. Ms. Other**  |
| **First name:**  | **Last name:** | **Position title:** |
| **Email:** | **Telephone/cell phone:** |
| **Project**  |
| **Project title:** |
| **Project duration:** |
| **Start (YYYY-MM-DD)** | **End (YYYY-MM-DD)**  |
| **DESCRIPTION OF OUTCOMES** |
| **Outcomes – List all planned activities that have been carried out. If applicable, list any activities that were planned but not carried out and state the reasons why, and list any unplanned activities that were carried out.** |
| **Adherence to objectives and project presented – Demonstrate how your project has contributed to bilingualism in the province in the short, medium and long term.** |
| **Supporting documents – Please include in or attach to this report any documents (photos, publicity, newspaper articles, quantitative data, etc.) relevant to the project’s implementation. Include links to any videos and social media relating to the promotion and implementation of the project.** |
| **Assessment of outcomes – Please describe the outcome of your project: achievements, difficulties, challenges, etc.** |
| **What changes should be made to the program to make it more effective? (Optional)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Head of organization |   |   |   |
| Project manager  |   |   |   |

Please return the completed form by email to Hello.Bonjour@gnb.ca or by mail to the following address:

**New Brunswick Department of Intergovernmental Affairs**

**Secretariat of Official Languages**

**Chancery Place**

**P.O. Box 6000**

**Fredericton, New Brunswick**

**E3B 5H1**