



Indian and Northern Affairs Canada  
Affaires indiennes et du Nord Canada

# FIRST NATIONS NATIONAL REPORTING GUIDE

1999-2000

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*



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**1999-2000**

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# **FIRST NATIONS NATIONAL REPORTING GUIDE**

**1999-2000**

## **INTRODUCTION & USER GUIDE**

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# **INTRODUCTION & USER GUIDE**

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## **INTRODUCTION**

### **Purpose of the National Reporting Guide**

This Reporting Guide sets out the format and content of reports to be submitted by First Nations in accordance with DIAND Comprehensive Funding Arrangements (CFA), Alternative Funding Arrangements (AFA) and Financial Transfer Agreements (FTA). For a summary of reports to be submitted by AFA/FTA First Nations, please refer to the Annual Return section in this Guide.

This Guide is to be used as a generic reference manual for DIAND's national program reporting requirements. Regional offices will provide the appropriate data collection forms, together with the applicable instructions, to meet their specific program reporting requirements.

The Guide is designed to work in two ways:

- ❶ as a quick reference for First Nations administrators who are already familiar with reporting procedures and the forms used; and
- ❷ as a background document for those First Nations administrators who are not familiar with reporting procedures or who need a refresher course.

The guide contains three (3) sections of **program reporting requirements** applicable to funding arrangements with varying degrees of flexibility.

- ! Reporting details for reimbursement purposes;
- ! Reporting achievements for a fixed allocation; and
- ! Annual Return (Management Report)  
*(previously contained in the Audit Handbook).*

Please see the section entitled HOW TO USE THIS GUIDE {page 10} for more details **or contact your DIAND regional office {list page 15} if you have any questions.**



### Who Should Use This Guide

This Guide is intended to be used by Indian, Inuit and Innu communities and their organizations that receive funds through various DIAND funding arrangements. Throughout the Guide, the terms "Indian" or "band" [as defined in the Indian Act] are used interchangeably with the term "First Nations."

<b><u>Program</u></b>	<b><u>CFA</u></b>	<b><u>AFA</u></b>	<b><u>FTA</u></b>
<b>Population Statistics</b>	#	#	#
<b>Environmental Assessment</b>	#	#	#
<b>Lands and Trust Services</b> <i>[including Indian Registry]</i>	#	#	#
<b>Education</b>	#	#	#
<b>Youth Strategy Program</b>	#	#	#
<b>Social Development</b> <i>[Reimbursement of actual eligible costs]</i>	#	#	#
<b>Social Development</b> <i>[Fixed Volume allocations]</i>		#	#
<b>Indian Government Support</b>	#	#	#
<b>Capital Facilities and Maintenance</b> <i>[including Fire Protection and Housing]</i>	#	#	#
<b>Economic Development</b>	#	#	#
<b>Other Program Reporting</b> > Policing (Solicitor General of Canada) > Health (Medical Services Branch, Health Canada)	#	# #	# #
<b>Alternative Funding Arrangements (AFA) / Financial Transfer Agreements (FTA) Annual Return (Management Report)</b>		#	#
<b>Appendix A: Alternative Sources of Data</b> > Surveys > Post Secondary	# #	# #	# #

If you have any questions, contact your DIAND regional office *{list page 15}*.

### **Why Is Reporting Necessary?**

First Nation administrations are responsible to their communities and members for their activities in band governance and in the administration of services and programs. First Nation administrations are also accountable to their members and DIAND for the funds they receive under various funding arrangements.

For DIAND, the information received from First Nations are equally important. It is utilized to assess and report:

- ! funds have been used for the purposes intended;
- ! the terms and conditions of the funding arrangements have been met;
- ! there is sound management and financial control ensuring essential services are being/have been delivered to members of First Nations;
- ! overall results of expenditures in terms of the efficiency and effectiveness of programs and services are clearly documented and reported; and
- ! the effectiveness of expenditures in meeting the objectives of Canada's Social Policies.

DIAND's needs for the information received from First Nations can also be summarized in the areas of **statutory requirements, resource allocation, accountability, operations (administrative needs) and program planning/policy analyses.**

### **Statutory or Other Government Requirements**

All recognized governments in Canada are required by law, regulation or policy to file reports on certain events and conditions. For example, all births and deaths must be recorded. Fire losses must be reported to the appropriate authority and subsequently to Labour Canada (formerly the Dominion Fire Commissioner). *In some cases the information is reported directly, without involvement by DIAND. In other cases, DIAND directly requests the information itself due to its unique relationship and involvement with First Nations.*

### **Resource Allocation**

Data and information collected from First Nations is also used to justify and defend DIAND's current level of resources. In this regard, *DIAND's ability to acquire funds on behalf of First Nations and to report on achievements largely depends on the receipt of timely and complete program data and that the program information/data are submitted in a uniform and consistent format. Uniformity enables information to be summarized and reported at a national level.*

DIAND has a responsibility to demonstrate that resources have been appropriately allocated to regions, and subsequently to First Nations, in a fair and equitable manner. This is especially critical for those programs and services which are discretionary, such as capital, housing, operations & maintenance funds.

## **Accountability**

First Nations have a responsibility to their members to make the most effective and efficient use of all funds allocated to the First Nation through DIAND. In addition, both First Nations and DIAND have an obligation to the Canadian public, through the Minister, Parliament and agencies, such as the Auditor General of Canada, to ensure that desired results are being obtained by First Nations as a consequence of these expenditures.

It is important that both First Nations and DIAND know, for example whether:

- ! the elementary/secondary education graduation rate is increasing, decreasing or remaining constant;
- ! the proportion of on-reserve residents on social assistance is increasing, decreasing or remaining constant;
- ! the First Nation has implemented a maintenance plan to safeguard capital assets;
- ! the First Nation is making progress in resolving its housing shortage; and
- ! students in post-secondary education program are graduating, in which fields, etc.

First Nations are a primary source of data on population, assets on reserve, education, social assistance and housing, etc. Although some information can be obtained from external sources such as Statistics Canada, First Nations remain the fundamental source of the data. Both First Nations and DIAND use the data to assess the overall results of the expenditures and the effectiveness of the programs. In addition, the data can also be used to compare against similar data collected for the rest of Canada by agencies such as Statistics Canada.

## **Operations and Program Planning/Policy Analysis**

First Nations and DIAND both have a stake in knowing whether funded programs and policies are having the desired effect and, if not, whether there is a need to devise other options to address the issues more adequately. Success or failure of policies and programs can, in many cases, only be judged by observing results and trends over time. *For example, a declining graduation rate in elementary/secondary education may prompt First Nations and DIAND to undertake new policies to improve the retention of students in elementary/secondary education. Similarly, information indicating an increasing dependency on social assistance may prompt the introduction of special efforts to improve the local economy.*

Identifying trends which are useful to both First Nations and DIAND can only be detected through the collection of uniform, consistent data. To accomplish this, it is imperative that all First Nations and administering authorities report the same information, at the same time and in the same format. If this is not done, the data could be disproportionate or unreliable.

In addition, First Nations need to have information to inform their community members about the programs and to be able to adjust the programs to meet the needs of their members more effectively. All the information identified and collected through the use of this Guide benefits First Nations or tribal councils to administer and manage funded programs effectively.

## **INTRODUCTION & USER GUIDE**

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### **FUNDING ARRANGEMENTS and AUTHORITIES**

A funding arrangement is a document containing terms and conditions by which a transfer payment is made by the Government of Canada [through DIAND] for the delivery of programs and services by First Nations. Funding authorities are the rules set by the Treasury Board of Canada that DIAND must follow when providing funding for a particular program or service.

First Nations who have signed either a Comprehensive Funding Arrangement [CFA], an Alternative Funding Arrangement [AFA] or a Financial Transfer Agreement [FTA] with DIAND must use this Guide in meeting the Terms and Conditions associated with program reporting.

#### **Comprehensive Funding Arrangement [CFA]**

The CFA is the basic funding arrangement (*also referred to in some regions as a master funding arrangement*). A CFA may contain one or more funding authorities, such as a contribution, a flexible transfer payment [FTP] or a grant.

Contributions are allocations subject to detailed terms and conditions that stipulate the service to be provided, to whom, and what expenses are eligible for reimbursement. Any unspent balance must be returned to DIAND.

Flexible Transfer Payments (FTP), similar to contributions, FTPs provide for delivery of specific services or programs, but funding is based on a fixed amount [arrived at by the application of funding formulas] rather than the reimbursement of eligible expenses. Program surpluses may be reallocated at the discretion of the Recipient. For example, in certain cases unspent balances for capital projects can be applied to other approved projects.

Grants are provided to support the achievement of specific objectives, and there are no reporting requirements. Band Support Funding is a Grant.

#### **Alternative Funding Arrangements [AFA]**

AFAs establish a different relationship between the Crown and recipients than that which exists under CFAs. Specifically, AFA recipients may reallocate funds between program areas and redesign programs provided:

- ! minimum program requirements are met;
- ! capital is expended for capital purposes; and
- ! any capital project designated as mandatory is completed.

AFAs provide increased authority over programs and funds to First Nations than the conventional “comprehensive funding arrangement”.

### **Financial Transfer Agreements [FTA]**

FTAs also establish a different relationship between the Crown and recipients than that which exists under CFAs and AFAs. Specifically, a FTA is a funding mechanism which defines minimum standards for a local accountability framework in order to transfer increased authority to First Nations over program design & delivery and the management of funds.

Recipients may reallocate funds between program areas and redesign programs to meet specific community needs. FTA's provide the First Nation with the greatest flexibility.

## **INTRODUCTION & USER GUIDE**

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### **HOW TO USE THIS GUIDE**

The Guide is organized to help you locate information on reporting guidelines, due dates, and procedures as quickly as possible.

**Data Definitions:** Many of the data definitions in this Guide have been clarified to provide clearer descriptions of what **should**, and **should not** be included in the data collection reports. *For example, definitions for nominal roll data on students who leave school have been revised to clearly outline the reasons for the student's departure from school.*

**Justification for Collecting Data Elements:** First Nations invest a great deal of time and effort to collect and process data that they provide to DIAND. Certainly, First Nations should know why each data element is needed. Accordingly, each section of the Guide includes information regarding the purpose of various data elements. *Using the data element "graduation" in post-secondary education as an example, the Guide states that this information is required to monitor the effectiveness and successes of the Post-Secondary Education Program.*

**Source:** The source is where the data **originates**. The source helps clarify what documents to use when providing data and it helps ensure all First Nations provide DIAND data from an identical source.

**How the Guide works:** The Guide is divided into sections, each covering a specific program or activity area.

Each section contains:

- ~ Name and explanation of the program;
- ~ Summary of reporting requirements;
- ~ Key Terms;
- ~ Sample of forms and Instructions (where applicable) and
- ~ Definitions and source.

**If you have any questions, contact your DIAND regional office {list page 15}.**

# INTRODUCTION & USER GUIDE

## DATA REPORTING SCHEDULE

Database /Program Reports (Summary)	Collection Period/Census Date (First Nations)	DUE DATES First Nations to Regions
<b>Tab B - NON-REGISTERED ON-RESERVE POPULATION (NRORP)</b>		
<b>1. POPULATION COLLECTION DATA/FORM</b>	September 30	November 15
<b>2. CERTIFICATE FOR NON- REGISTERED ON-RESERVE BAND POPULATION</b>	September 30	November 15
<b>Tab C - ENVIRONMENTAL ASSESSMENT</b>		
<b>1. ENVIRONMENTAL ASSESSMENT COMPLIANCE REPORT</b>	Annually (previous. fiscal year)	June 30
<b>2. ENVIRONMENTAL ASSESSMENT REPORT</b>	Before the start of any project	Contact Region
<b>Tab D - LANDS AND TRUSTS SERVICES</b>		
<b>1. LAND MANAGEMENT AND TRANSFERS</b>		
- Quarterly Report on Rentals and Receivables	Annually or Bi-annually	Contact Region
- Summary Report of Land Management Transactions	Project-by-Project	Contact Region
<b>2. INDIAN REGISTRATION</b>		
- Indian Registry Data Entry	Monthly	10 days after months end
- Indian Register Data (Miscellaneous)	Monthly	10 days after months end
- Indian Register Events Reports Summary	Monthly	10 days after months end
- Certificate of Indian Status Register	Monthly	Contact Region
<b>3. BAND GOVERNANCE</b>		
- Electoral Officer's Report	Two weeks after election	Contact Region
<b>4. RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAMS</b>		
- application form for RAN program (proposed project information)	project by project	Prior to funding consideration
-project summary report for RAN program (project results)	Annually (previous fiscal year)	June 30

<b>Database /Program Reports (Summary)</b>	<b>Collection Period/Census Date (First Nations)</b>	<b>DUE DATES First Nations to Regions</b>
<b>Tab E - EDUCATION</b>		
<b>1. ELEMENTARY/SECONDARY</b>		
<ul style="list-style-type: none"> <li>- Nominal Roll Census Report</li> <li>- Annual Certification of Teachers and Curriculum</li> <li>- Provincial-Territorial Educational Services</li> <li>- School Evaluation Report</li> </ul>	<p style="text-align: center;"><b>September 30</b></p> <p style="text-align: center;"><b>September 30</b></p> <p style="text-align: center;"><b>Annually</b></p> <p style="text-align: center;"><b>Every Five Years</b></p>	<p style="text-align: center;"><b>October 15</b></p> <p style="text-align: center;"><b>October 15</b></p> <p style="text-align: center;"><b>Set by Region</b></p> <p style="text-align: center;"><b>Set by Region</b></p>
<b>2. POST SECONDARY</b>		
<ul style="list-style-type: none"> <li>- Register and Summary of Post-Secondary: <ul style="list-style-type: none"> <li>- Students</li> <li>- Graduates</li> </ul> </li> <li>- Indian Studies Support Program Annual Report</li> </ul>	<p style="text-align: center;"><b>November 1</b></p> <p style="text-align: center;"><b>November 1</b></p> <p style="text-align: center;"><b>Annually</b></p>	<p style="text-align: center;"><b>December 31</b></p> <p style="text-align: center;"><b>December 31</b></p> <p style="text-align: center;"><b>Set by Region</b></p>
<b>3. CULTURAL EDUCATION</b>		
<ul style="list-style-type: none"> <li>- Report</li> </ul>	<p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p>	<p style="text-align: center;"><b>Set by Region</b></p>
<b>Tab F - FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY</b>		
<b>EVALUATION REPORTS</b>		
<ul style="list-style-type: none"> <li>- First Nations and Inuit Science and Technology Camp</li> <li>- First Nations and Inuit Summer Student Career Placement</li> <li>- First Nations Schools Co-operative Education <ul style="list-style-type: none"> <li>- Progress Report</li> <li>- Finale Evaluation Report</li> </ul> </li> <li>- First Nations and Inuit Youth Work Experience Program</li> </ul>	<p style="text-align: center;"><b>Annually</b></p> <p style="text-align: center;"><b>Annually</b></p> <p style="text-align: center;"><b>Annually</b></p> <p style="text-align: center;"><b>Annually</b></p> <p style="text-align: center;"><b>Annually</b></p>	<p style="text-align: center;"><b>Reporting Requirements and deadlines for each of these programs are currently under review.</b></p> <p style="text-align: center;"><b>Please contact your local DIAND regional office for the 1999-2000 reporting requirements.</b></p>



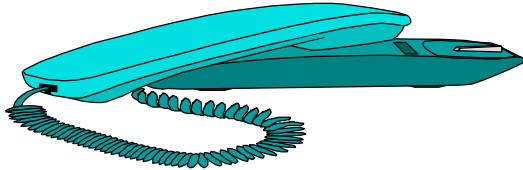
Database /Program Reports (Summary)	Collection Period/Census Date (First Nations)	DUE DATES First Nations to Regions
<b>Tab G - SOCIAL DEVELOPMENT</b>		
<b>FIRST NATIONS FUNDED SOCIAL DEVELOPMENT ON A REIMBURSEMENT BASIS</b>		
<ul style="list-style-type: none"> <li>- Social Assistance Monthly Reports</li> <li>- National Child Benefit (NCB) Reinvestment Annual Report</li> <li>- Child and Family Services Maintenance Report</li> <li>- Child and Family Services Operational Report</li> <li>- Adult Services Report</li> <li>- National Strategy for Integration of Persons with Disabilities Report</li> <li>- Family Violence Projects and Shelters reports</li> <li>- Community Social Services Projects Report</li> <li>- Day Care Facilities/ Head Start Program Report</li> </ul>	<p style="text-align: center;"><b>Monthly</b></p> <p style="text-align: center;"><b>Contact Region</b></p> <p style="text-align: center;"><b>Monthly</b></p> <p style="text-align: center;"><b>Annually or Bi-annually</b></p> <p style="text-align: center;"><b>Monthly</b></p> <p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p> <p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p> <p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p> <p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p>	<p style="text-align: center;"><b>15 days after months end</b></p> <p style="text-align: center;"><b>Contact Region</b></p> <p style="text-align: center;"><b>15 days after months end</b></p> <p style="text-align: center;"><b>Sept. 30 &amp; March 31</b></p> <p style="text-align: center;"><b>15 days after months end</b></p> <p style="text-align: center;"><b>May 30</b></p> <p style="text-align: center;"><b>May 30</b></p> <p style="text-align: center;"><b>May 30</b></p> <p style="text-align: center;"><b>May 30</b></p>
<b>FIRST NATIONS FUNDED SOCIAL DEVELOPMENT THROUGH FIXED VOLUME AFA OR FTA</b>		
All reports as above (although detail may differ - see the Tab G ). Reporting is always annual.	<b>Annually (previous. fiscal year)</b>	<b>May 30</b>
<b>Tab H - INDIAN GOVERNMENT SUPPORT</b>		
<b>1. BAND SUPPORT FUNDING (BSF) AND TRIBAL COUNCIL FUNDING <u>*Only where applicable.</u></b>		
<ul style="list-style-type: none"> <li>- Application for Grant, Band Support Funding*</li> <li>- Advisory Services Annual Report*</li> <li>- Program Activities Annual Report*</li> </ul>	<p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p> <p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p> <p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p>	<p style="text-align: center;"><b>June 30</b></p> <p style="text-align: center;"><b>June 30</b></p> <p style="text-align: center;"><b>June 30</b></p>
<b>2. BAND EMPLOYEE BENEFITS PROGRAM</b>		
<ul style="list-style-type: none"> <li>- Band Employee Benefits Funding</li> <li>- List of Eligible Employees</li> <li>- Pension Plan Funding Annual Report</li> </ul>	<p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p> <p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p> <p style="text-align: center;"><b>Annually (previous. fiscal year)</b></p>	<p style="text-align: center;"><b>May 31</b></p> <p style="text-align: center;"><b>June 30</b></p> <p style="text-align: center;"><b>May 31</b></p>
<b>3. INDIAN MANAGEMENT DEVELOPMENT PROGRAM</b>		
- Funding proposal	<b>Due on a project basis</b>	<b>Contact Region</b>

Database /Program Reports (Summary)	Collection Period/Census Date (First Nations)	DUE DATES First Nations to Regions
<b>Tab I - CAPITAL FACILITIES AND MAINTENANCE</b>		
<b>1. FIRE</b> - Fire Protection Services and Fire Losses Reports	<b>Annually (previous. calendar year)</b>	<b>March 31</b>
<b>2. CAPITAL PROJECTS</b> - Progress Report on Capital Projects - Certificate of Completion - Five Year Capital Plan	<b>Monthly</b> <b>Project by Project</b>  <b>Annually (previous. calendar year)</b>	<b>Set by Funding</b> <b>Arrangement 90 days after Completion</b>  <b>March 31</b>
<b>3. HOUSING AND INFRASTRUCTURE</b> - Reports on Housing Conditions, Water Delivery System, Sewage System, Housing Totals and Community Services. - Community- based Housing Plan	<b>Annually (previous. fiscal year)</b>  <b>Annually (previous. calendar year)</b>	<b>March 31</b>  <b>March 31</b>
<b>4. SCHOOLS</b> - Schools Annual Report	<b>Annually (previous. fiscal year)</b>	<b>March 31</b>
<b>5. CAPITAL ASSETS</b> - Reports on Changes in Capital Assets, Completed ACRS Projects, Asset Operation & Maintenance Review, and the Maintenance Management Plan.	<b>Annually (previous. fiscal year)</b>	<b>March 31</b>
<b>Tab J - ECONOMIC DEVELOPMENT</b>		
<b>1. COMMUNITY ECONOMIC DEVELOPMENT PROGRAM</b>		
Economic Development Report	<b>Annually (previous. fiscal year)</b>	<b>June 30</b>
<b>2. OPPORTUNITY FUND AND THE RESOURCE ACQUISITION INITIATIVE</b>		
Project Status Report	<b>Project by Project</b>	<b>12 months and 3 years after project startup</b>
<b>Tab K - OTHER PROGRAM REPORTING</b>		
<b>1. POLICING (SOLICITOR GENERAL OF CANADA)</b>	<b>Contact Region</b>	<b>Contact Region</b>
<b>2. HEALTH TRANSFER SERVICES (HEALTH CANADA)</b>	<b>Contact Region</b>	<b>Contact Region</b>

If you have any questions, contact the person(s) listed on page 16.

## INTRODUCTION & USER GUIDE

### LIST OF DIAND REGIONAL OFFICES

<p><b>ALBERTA REGION</b> Indian and Northern Affairs Canada 630 Canada Place 9700 Jasper Avenue EDMONTON AB T5J 4G2 Tel: (403) 495-4088 Fax: (403) 495-3228</p>	<p><b>ATLANTIC REGION</b> Indian and Northern Affairs Canada 40 Havelock Street P.O. Box 160 AMHERST NS B4H 3Z3 Tel: (902) 661-6200 Fax: (902) 661-6237</p>
<p><b>BRITISH COLUMBIA REGION</b> Indian and Northern Affairs Canada Suite 500 1550 Alberni Street VANCOUVER BC V6G 3C5 Tel: (604) 666-5171 Fax: (604) 666-2046</p>	<p><b>MANITOBA REGION</b> Indian and Northern Affairs Canada Room 1100 275 Portage Avenue WINNIPEG MB R3B 3A3 Tel: (204) 983-2475 Fax: (204) 983-0861</p>
<p><b>ONTARIO REGION</b> Indian and Northern Affairs Canada Arthur Meighen Building 5th Floor 25 St. Clair Avenue East TORONTO ON M4T 1M2 Tel: (416) 973-5282 Fax: (416) 954-4326</p>	<p><b>QUEBEC REGION</b> Indian and Northern Affairs Canada 320 rue St-Joseph Est Casier postal 51127 Comptoir postal G. Roy QUÉBEC QC G1K 8Z7 Tel: (418) 648-3270 Fax: (418) 648-2266</p>
<p><b>SASKATCHEWAN REGION</b> Indian and Northern Affairs Canada 2221 Cornwall Street, 5th Floor REGINA SK S4P 4M2 Tel: (306) 780-5945 Fax: (306) 780-5733</p>	<p><b>NORTHWEST TERRITORIES REGION</b> Indian and Northern Affairs Canada P.O. Box 1500 YELLOWKNIFE NT X1A 2R3 Tel: (403) 920-8111 Fax: (403) 669-2703</p>
<p><b>YUKON REGION</b> Indian and Northern Affairs Canada Room 415C, 300 Main Street Whitehorse YT Y1A 2B5 Tel: (867) 667-3380 Fax: (867) 667-3387</p>	

**INTRODUCTION & USER GUIDE**

**LIST OF (name) REGIONAL OFFICE CONTACTS**

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**\*REGIONS TO INSERT LIST OF REGIONAL CONTACTS\***



# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## NON-REGISTERED ON-RESERVE POPULATION DATA

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## **NON-REGISTERED ON-RESERVE POPULATION DATA**

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### **OVERVIEW**

The purpose of the Non-Registered On-Reserve Population (NRORP) data collection exercise is to collect, consolidate and maintain data on non-registered individuals living on reserve(s). In 1996, a Population Statistics data collection exercise, which collected population data on all individuals (registered and non-registered), was conducted in partnership with First Nations. However, to reduce response burden on First Nations and DIAND, the data collection regime will change commencing September, 1999. Under the new data collection regime, DIAND and First Nations will use the Indian Register as the source for data regarding registered individuals living on reserve(s) and the NRORP data as the source for data regarding non-registered individuals living on reserve(s).

Currently, DIAND and First Nations collect data on registered individuals through the Indian Registry System (IRS). The IRS data, when combined with the NRORP data, will serve to provide First Nations and DIAND with a complete demographic profile for all individuals residing on reserve(s) on a yearly basis. These data are important to First Nations for community planning and governance purposes. These data are also important to DIAND to effectively develop policy, plan its resource requirements and programming and to project population growth.

The NRORP exercise requires each band to identify non-registered individuals living on their reserve who are eligible to receive direct services, defined here as social assistance, social support services (such as child and family services, adult care, etc.), education and housing from that community. This annual collection exercise will supply the non-registered on-reserve population as of September, 30.

DIAND will supply each band with a list of non-registered individuals reported as residing on reserve/community during the previous year's exercise. (May not apply in the first year of data collection.) This list will be provided to bands by September 1 of every year, prior to the official collection date of September 30<sup>1</sup>. The band is required to update this list identifying non-registered individuals living on reserve(s)/community who are eligible to receive services from the band. In addition the band will add any new individuals to the list, or change the reserve status of individuals, and certify the final non-registered on-reserve collection. Each band has a maximum of six weeks (by November 15) from the collection date of September 30, to complete and return the information to their DIAND regional office *{page 15 of the Introduction and User Guide section}*.

### **NON-REGISTERED ON-RESERVE POPULATION DATA**

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1

Note: These procedures may change if First Nations are using Electronic Data Interchange (EDI) - see Appendix A, "Alternative Approaches for Data Collection".

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## KEY TERMS

### COLLECTION DATE

The accuracy of statistics is greater when a single day is chosen on which representative data are collected. Information is considered accurate as of that day, and all subsequent changes will be recorded on the next population report. **The date for collecting non-registered population data is September 30 of every year.**

### NON-REGISTERED INDIVIDUAL

Any non-registered individual who lives on reserve, Crown land or settlement and who receives, or is eligible to receive services from a band's community, must be included in the population report.

### ON RESERVE AND OFF RESERVE RESIDENCY

Individuals included in the non-registered on-reserve population must be categorized according to their customary place of residence. An individual is considered to be on reserve if he or she ordinarily lives on the home reserve, on Crown land, or settlement. A person is still considered to be on reserve even if he or she is temporarily away to attend an educational institution, seasonally employed elsewhere, or in short-term institutional care. Band members are considered to be off reserve if they do not ordinarily reside on the home reserve, Crown land or settlement. More detailed definitions are available in the *Non-Registered On-Reserve Population Handbook*. If you have any questions, contact your DIAND regional office *{page 15 of the Introduction and User Guide Section}*.

### NON-REGISTERED ON-RESERVE POPULATION CERTIFICATE

Certification by the authorized band official that the non-registered on-reserve band population data submitted to DIAND are accurate and complete.

## WHAT NEEDS TO BE SUBMITTED AND WHEN?

**DUE** annually on November 15:

- ✎ Non-Registered On-Reserve Population - Certificate (Section 10 Bands and Section 11 Bands) *{refer to page 7}*.
- ✎ Non-Registered On-Reserve Population - Collection Form (Section 10 Bands and Section 11 Bands) *{refer to page 9}*.

## **NON-REGISTERED ON-RESERVE POPULATION DATA**

Band councils are required to provide DIAND regional offices with the non-registered on-reserve population data on an annual basis. Computerized lists based on previous population data submissions will be printed by the regional offices and sent to band councils to use in compiling up-to-date data. (May not apply in the first year of data collection.) The following process can be used to gather these data (Note: These procedures may change if First Nations are using Electronic Data Interchange (EDI) - see Appendix A, "Alternative Approaches For Data Collection". In this case, separate instructions will be provided by the regional office):

- ▶ Bands identify correct entries on the computerized list by placing a check mark next to these names.
- ▶ Incorrect information should be changed on the list by writing in the correct information as appropriate.
- ▶ New individuals should be added on the Non-Registered On-Reserve Population Band Population Collection form *{refer to page 9}*.
- ▶ For individuals who are no longer living on reserve, indicate a "N" in the On- reserve column of the printout and also make a note of this in the Notes column of the printout.
- ▶ For individuals who are now registered or deceased, indicate a "N" in the On- reserve column and write registered or deceased in the Notes column of the printout.

The band official must fill out the Non-Registered On-Reserve Population Certificate attesting that all information is accurate as of **September 30**.

**The updated lists and the completed certificate must be returned to the DIAND regional office by November 15.** The regional office will check for accuracy and cross-reference data received from different bands if necessary, before forwarding it to national headquarters.



***NON-REGISTERED  
ON-RESERVE POPULATION  
DATA***

***FORMS, INSTRUCTIONS,  
DATA DEFINITIONS  
and SOURCES***

**NON-REGISTERED ON-RESERVE POPULATION DATA**  
**NON-REGISTERED ON-RESERVE POPULATION CERTIFICATE**

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**INSTRUCTIONS**

**DUE DATE:** Due annually on November 15 for September 30 collection date.

This certificate should accompany the corrected Non-Registered On-Reserve Population data.

- ▶ Insert the band name, band number, reserve name and reserve number.
- ▶ Using the information from the computerized lists as well as additional information compiled on the Non-Registered On-Reserve Population Collection Form, provide the total numbers of non-registered residents on-reserve.
- ▶ Provide the collection date (September 30) as of which all Non-Registered On-Reserve Population were compiled.
- ▶ Date and sign the certificate. Note that the certificate does not need to be completed on the collection day itself but can be filled in and signed when the data are ready to be returned to the DIAND regional office. *{page 15 of the Introduction and User Guide Section}*.



**NON-REGISTERED ON-RESERVE POPULATION CERTIFICATE  
ATTESTATION DE SYSTEM DE LA POPULATION NON  
INSCRITES DANS LA RESERVE**

**1999**

Band Name / Nom de la bande :	Data Collection Date / Date du recensement:  September / septembre 30, 1999
Band Number / Numéro de la bande :	Reserve/Site Number & Name / Numéro et nom de la réserve :

TOTAL NON-REGISTERED RESIDENTS ON THE  
RESERVE/COMMUNITY SITE  
TOTAL DES RÉSIDENTS NON INSCRITS DANS LA  
RÉSERVE / COMMUNAUTÉE

\_\_\_\_\_

THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE /  
L'INFORMATION PROVIENT DU MEILLEUR DE NOS CONNAISSANCES

COMMENTS / COMMENTAIRES :

NAME AND TITLE OF BAND OFFICIAL / NOM ET TITRE OFFICIEL DE LA BANDE :	SIGNATURE:	DATE :
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**NON-REGISTERED ON-RESERVE POPULATION DATA**  
**NON-REGISTERED ON-RESERVE POPULATION COLLECTION**  
**FORM**

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**INSTRUCTIONS**

**DUE DATE:** Annually on November 15 for the collection date September 30. **This form is a supplement to the computerized listing sent out to bands. (Computerized listings may not be available in the first year of data collection.)**

- ▶ Give the name and title of the band official completing the form, as well as his/her signature. Provide the collection date (September 30) as of which all Non-Registered On-Reserve Population were compiled.
- ▶ List all individuals who are not registered under the *Indian Act*. Give their name and date of birth, and indicate whether they are male or female.
- ▶ Answer Y (yes) or N (no) to verify whether or not the individual resides on reserve. Indicate the number of the reserve on which the individual resides.
- ▶ The “Notes” column may be used to indicate whether an individual has an alias, etc.



## **NON-REGISTERED ON-RESERVE POPULATION DATA**

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### **DATA ELEMENTS DEFINITIONS and SOURCE**

This table describes the data to be collected. These data are important to First Nations for community planning and for governance purposes. These data are also important to DIAND to effectively develop policy, plan its resource requirements and programming and to project population growth.

For some data, the source is a formal document such as a completion certificate, a school register, or a university transcript. *For example, in Housing and Infrastructure, the source for data on the number of new housing units completed is a completion certificate signed by a qualified building inspector. This means data on the number of new housing units completed is gathered by counting the number of completion certificates. If 10 completed housing units are reported, there must be 10 completion certificates on file.* For the Non-Registered On-Reserve Population data elements, the source is as noted below.

Data Element	Description
Surname	The individual's family name
Given Name	The individual's given name.
Birth Date	Give in the format: yyyy/mm/dd
Gender	Identified by either: M or F
On Reserve (Y/N) ?	Whether or not a non-registered individual in receipt of direct services (such as education, housing, social assistance, etc.) is living on the reserve.  <i>Source: Band</i>
Reserve Number	The individual's reserve number.  <i>Source: Indian Lands Registry System and Regions</i>
Notes	a) Used to identify an individual who has moved off the reserve . b) Used to identify a registered or deceased individual. c) Also used to provide additional information, such as an individual's alias.  <i>Source: Band</i>



Indian and Northern Affairs Canada  
Affaires indiennes et du Nord Canada

# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## ENVIRONMENTAL ASSESSMENT

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*

# **ENVIRONMENTAL ASSESSMENT**

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## **OVERVIEW**

### **ENVIRONMENTAL EFFECT**

Environmental effects are any change the project may have on the environment [and vice versa], as well as the effects of the changes on such things as health and socio-economic conditions; physical and cultural heritage; current traditional use of lands and resources; and sites of historical, archaeological or architectural significance. **An Environmental Assessment is the analysis of effects / changes a project may have on the environment [and vice versa].**

## **KEY TERMS**

### **ENVIRONMENTAL ASSESSMENT**

Under the *Canadian Environmental Assessment Act* [CEAA], an environmental assessment must be carried out for any project with potential impact on the physical, social and/or cultural environments. Components of environmental assessment include the environmental effects of a project; the possible effects of malfunctions or accidents that may occur in connection with a project; any cumulative environmental effects that are likely to result from the project in combination with other activities; the significance of the environmental effects; any measures that would mitigate or decrease these effects; the need for the project and any alternatives to it; effects of the project on sustainable use of renewable resources; follow-up requirements to monitor continuing environmental effects; and public comments and reactions to the project's environmental effects.

### **ENVIRONMENTAL ASSESSMENT MATRIX**

A matrix is a tool commonly used in environmental assessment to assist in the analysis of the project. Various effects are arranged in a grid to show environmental interactions and to organize the information showing potential environmental effects.

### **FOLLOW-UP PROGRAM**

A follow-up program to verify the accuracy of the environmental assessment of a project and to determine the effectiveness of any measures taken to mitigate the adverse environmental effects of the project.

### **KEY ENVIRONMENTAL ELEMENTS**



Key environmental elements are the environmental parts or components that are identified as having scientific, social, cultural, economic or aesthetic value. These include ground and surface water; air quality; noise; land and soil; flora, fauna and the natural habitat; special places of cultural or heritage significance; health and safety concerns; socio-economic factors; and aesthetics or natural beauty.



## **MITIGATION**

Mitigation refers to eliminating, lessening or controlling of the negative environmental effects of a project. This may include restoring environmental damage through replacement, compensation or other means.

## **WHAT NEEDS TO BE SUBMITTED AND WHEN?**

-  Environmental Compliance Report *{refer to page 8}*. Due 90 days after the end of the fiscal year.
  
-  Environmental Assessment Report *{refer to page 10}*. Due before the start of any project with potential environmental impact.

## **ENVIRONMENTAL ASSESSMENT**

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First Nations councils must ensure that an environmental assessment process is followed for capital or other projects that have a potential environmental impact. Details of the process are available from your regional Department of Indian Affairs and Northern Development (DIAND) office *{page 15 of the Introduction and User Guide Section}* and are outlined in the *DIAND Environmental Assessment Training Manual*. The following steps are followed in a typical environmental assessment.

- ▶ Determine what elements of the proposed project should be included as part of an environmental assessment [also known as determining the scope of the project]. In some instances, two projects that are interdependent, linked or close to each other can be considered as part of one environmental assessment.
- ▶ Assess the environmental effects. This involves describing the project, the existing environment and possible project-environment interactions.
- ▶ Make an initial assessment of ways of mitigating or lessening the environmental effects, although mitigation measures can be more clearly defined as the assessment progresses.
- ▶ Determine the significant environmental effects of the project, in order to demonstrate if the environmental effects are adverse and whether or not the adverse effects are significant or likely.
- ▶ Based on all the above information, a detailed Environmental Assessment Report has to be prepared and submitted to DIAND. The report is reviewed and a decision is made, based on the available data. If there is uncertainty about the outcomes of the project or sufficient public concern, a referral may be made to the Minister for further assessment.

The Environmental Assessment Report should include:

- ▶ a description of the project and the key environmental elements, a summary of the environmental effects [including cumulative effects] and an assessment of the significance of any adverse environmental effects;
- ▶ a description of the measures proposed to lessen or mitigate any environmental effects;
- ▶ comments received from the public, if applicable; and
- ▶ a recommendation as to whether or not the project is likely to produce adverse effects, as well as a detailed rationale for this decision.

The report may also include information on the rationale for the project, alternatives to the project, records of consultations with expert federal departments and a description of any necessary follow-up programs. For more information, contact your regional DIAND office *{page 15 of the Introduction and User Guide Section}*.



***ENVIRONMENTAL  
ASSESSMENT***

***FORMS, INSTRUCTIONS,  
DATA DEFINITIONS  
and SOURCES***

**ENVIRONMENTAL ASSESSMENT**  
**ENVIRONMENTAL COMPLIANCE REPORT**

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**INSTRUCTIONS**

**DUE DATE:** Due 90 days after the end of the fiscal year.

- ▶ Narrative report reflecting that mitigation measures and/or follow-up program requirements have been completed for each project.
- ▶ Reports required from any First Nation that does not have the delegated authority to make an environmental assessment screening decision. Where authority is delegated to a First Nation, forms are to be retained on file.

**ENVIRONMENTAL COMPLIANCE REPORT**

\*Narrative Report. Contact DIAND regional office.

# **ENVIRONMENTAL ASSESSMENT**

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## **ENVIRONMENTAL ASSESSMENT REPORT**

### **INSTRUCTIONS - For page 1 of 3**

**DUE DATE: Due before the start of any project with potential environmental impact.** A list of excluded projects is given in the CEAA Exclusion List Regulations, Schedule I. For more information, contact your regional DIAND office.

- ▶ Fill out the band and reserve name, the project title and the name of the region. Provide the project number and the start date for the environmental assessment. If this is an amendment to another Environmental Assessment Report, give the previous screening date. Provide the project number and, if applicable, cite the sub-section of CEAA that provided the environmental assessment trigger.

#### **Part A: Screening**

- ▶ For each key environmental element listed, indicate the appropriate column under Summary of Effects to show how the project will affect that element. The column headings are:
  - ▶ **N/A** - Not applicable to this element
  - ▶ **U** - Unknown effects
  - ▶ **I** - Insignificant or small effects
  - ▶ **S** - Significant or large effects

#### **Part B: Information Sources**

- ▶ Indicate the sources used to determine the environmental impact on each environmental element. If possible, use supporting documentation such as reports, surveys or research studies to show how the environmental impact conclusions were reached, and indicate if the documents are attached to the report. Attach maps or plans if appropriate. For documents not attached, give the location or reference where they can be found.
- ▶ Provide a narrative project description, including an overview of possible project alternatives. (*Attach additional sheets to the report form if necessary*). Give a detailed description of the surrounding environment, based on traditional environmental knowledge. This description should include: relevant physical and landscape features or patterns; ecological processes and functions including species presence, migration patterns, interrelationships and habitat; social patterns of land and resource use; present land use; and patterns of other human disturbances.





## CEAA - Environmental Assessment Report Indian and Northern Affairs Canada

Band Name and Reserve: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Region: \_\_\_\_\_  
 EA Start Date: \_\_\_\_\_ Amendment: \_\_\_\_\_

Project No: \_\_\_\_\_  
 EA Trigger: \_\_\_\_\_  
 (Subsection of CEAA)  
 If Yes, Previous Screening Date: \_\_\_\_\_

**Instructions:**

1. Check N/A, U, I or S for each key element in Part A and provide a description of the potential significant effects.
2. On page 2, identify mitigation measures and follow-up requirements that will be implemented.
3. Indicate the information sources used in Part B (including maps, plans, etc.), and indicate location/file of unattached referenced documents.
4. Indicate the screening decision by selecting on of the CEAA decisions in Part C.
5. Enter the corresponding code found in Part D into the Federal Authority Public Registry System.

PART A: SCREENING					PART B: INFORMATION SOURCES		
Key Environmental Elements	Summary of Effects*				Sources	Used	Attached
	N/A	U	I	S			
Ground Water					First Nations		
Surface Water					Feasibility Study		
Air Quality					Engineering Design		
Noise					Terrain Analysis Study		
Land/Soil					Environmental Study		
Flora					Site Reconnaissance		
Fauna					Published Literature		
Habitat					Consultations/Meetings		
Special Places**					Correspondence		
Health and Safety					Other Government Agencies		
Socio-economic					Other (specify)		
Aesthetics							

\*Effects (N/A = not applicable; U= unknown; I - insignificant; S = significant)  
 \*\*Special Places (Cultural, Traditional, Historical, Scientific)

**Project Description (and, if considered necessary, alternatives to the project):**

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**Surrounding Environment:**

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**ENVIRONMENTAL ASSESSMENT**  
**ENVIRONMENTAL ASSESSMENT REPORT**

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**INSTRUCTIONS - For page 2 of 3**

- ▶ Provide a description of environmental concerns and effects, such as effects on human health, socio-economic conditions, physical and cultural heritage, and current traditional uses of land and resources. Cumulative effects refer to long-term impact.
- ▶ Mitigation and follow-up measures should be clearly indicated, including special activities that may be needed to decrease environmental impact.
- ▶ Provide a clear rationale for a screening decision, as given in Part C of the form.

**Environmental Concerns/Effects (Including Cumulative Impacts)**

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**Mitigation/Follow-up Requirements**

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**Rationale for Screening Decision**

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**ENVIRONMENTAL ASSESSMENT**  
**ENVIRONMENTAL ASSESSMENT REPORT**

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**INSTRUCTIONS - For page 3 of 3**

**Part C: Screening Decisions**

- ▶ The consultant or First Nations official responsible for carrying out the environmental assessment should select one category for a final recommendation, based on section 20[1] of the CEAA. Enter the appropriate letter in the blank space below.

**Part D: Corresponding Federal Authority**

- ▶ Enter the code that corresponds to the recommendation in Part C into the Federal Authority Public Registry System.
- ▶ Indicate if a follow-up is needed. The person doing the assessment should sign and date the form before submitting it for final approval.

## ENVIRONMENTAL ASSESSMENT REPORT

NOTE: This completed report constitutes a documented record of decision and is a legal document

<b>PART C:</b> SCREENING DECISIONS AS PER SECTION 20(1) OF CEAA		<b>PART D:</b> CORRESPONDING FEDERAL AUTHORITY PUBLIC REGISTRY SYSTEM CODES	
Sub-Section of CEAA	Descriptions	Numeric Code	Subject Descriptions
(a)	The project is not likely to cause significant adverse environmental effects taking into account the implementation of any mitigation measures that are considered appropriate - project proceeds.	01	Effects Not Likely Significant.
(b)	The project is likely to cause significant adverse environmental effects that cannot be justifiable taking into account the implementation of any mitigation measures that are appropriate - project is abandoned or modified and re-assessed.	02	Effects Significant.
(c)(i)	It is uncertain whether the project, taking into account the implementation of any mitigation measures that are appropriate, is likely to cause significant adverse environmental effects - refer the project to the Minister for a referral to a mediator or a panel review.	03	Screening Determined Mediation Or Public Panel Needed.
(c)(ii)	The project, taking into account the implementation of any mitigation measures that are appropriate, is likely to cause significant adverse environmental effects and sub-section 20(1)(b) does not apply - refer the project to the Minister for a referral to a mediator or a panel review.	03	Screening Determined Mediation Or Public Panel Needed.
(c)(iii)	Public concerns warrant a reference to a mediator or a review panel - refer to the Minister for a referral to a mediator or a review panel.	03	Screening Determined Mediation OR Public Panel Needed.

Choose appropriate CEAA decision from list above, enter here \_\_\_\_\_.

Follow-up needed \_\_\_\_ No; \_\_\_\_ Yes - Follow-up report attached.

**Recommended by:**

\_\_\_\_\_  
Officer/First Nation/Consultant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approved by:**

\_\_\_\_\_  
Manager (RCM)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **ENVIRONMENTAL ASSESSMENT**

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### **DATA ELEMENTS DEFINITIONS and SOURCE**

The various data elements are required for accountability purposes.

For some data, the source is a formal document such as a completion certificate, a school register, or a university transcript. *For example, in Housing and Infrastructure, the source for data on the number of new housing units completed is a completion certificate signed by a qualified building inspector. This means data on the number of new housing units completed is gathered by counting the number of completion certificates. If 10 completed housing units are reported, there must be 10 completion certificates on file.*

**For the Environmental Assessment data elements, the source for the data elements is as prescribed in the Canadian Environmental Assessment Act (CEAA).**



Indian and Northern Affairs Canada  
Affaires indiennes et du Nord Canada

# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## LANDS AND TRUSTS SERVICES

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*

## **LANDS AND TRUST SERVICES**

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### **KEY TERMS**

#### **LAND MANAGEMENT AND TRANSFERS**

First Nations with delegated authority must provide a detailed listing of rents collected or owing on a quarterly basis. All First Nations whether they are with or without delegated authority, are required to provide an annual report on the number and type of land transactions.

#### **INDIAN REGISTRATION**

Indian registration and the maintenance of information for band lists includes information on so-called "tombstone" events in the First Nations communities, including births, deaths, marriages and divorces. Regular information is also needed on adoptions, transfer of child custody, name changes, age of majority and changes in the Indian Registry category. This information is required to update the Indian Registry as operated under the authority of the *Indian Act*.

#### **CERTIFICATE OF INDIAN STATUS**

A Certificate of Indian Status, commonly known as a *Status Card*, is a document which verifies that the cardholder is a registered Indian. Certificates of Indian Status are usually issued by the region, district or band office charged with the maintenance of the Indian Register of the band list concerned.

#### **BAND GOVERNANCE**

Band governance is concerned with the election of band chiefs and council members, as regulated under the *Indian Act*. A detailed report on election processes and results must be submitted by the electoral officer following any band election conducted under the electoral system of the *Indian Act*.

#### **RESOURCE ACCESS NEGOTIATIONS (RAN)**

The RAN program provides financial assistance for First Nation, Inuit and Innu communities to assist with negotiations to access business and employment opportunities from major projects, attract investment in reserve natural resources, access off-reserve natural resources and participate in the management of off-reserve natural resources consistent with community needs and the principles of sustainable development and in an environmentally sound manner.



## WHAT NEEDS TO BE SUBMITTED AND WHEN?

- ✎ **DUE** annually or twice - yearly
  - Quarterly Report on Rentals and Receivables *{refer to page 11}*.
  
- ✎ **DUE** on a project-by-project basis as set by the Department of Indian Affairs and Northern Development (DIAND) regional office
  - Summary Report of Land Management Transactions *{refer to page 11}*.
  
- ✎ **DUE** monthly
  - Indian Registry Data Entry *{refer to page 13}*.
  - Indian Register Data Entry - Miscellaneous Amendments *{refer to page 15}*.
  - Indian Register Events Reports Summary *{refer to page 17}*.
  - Certificate of Indian Status Register *{refer to page 19}*.
  
- ✎ **DUE** two weeks after an election for band council
  - Electoral Officer's Report *{refer to page 21 and 23}*.
  
- ✎ **DUE** prior to funding consideration
  - Application Form for Ran Program (Proposed Project Information) *{refer to page 25}*
  
- ✎ **DUE** June 30 for previous fiscal year ending March 31.
  - Project Summary Report for the Resource Access Negotiations Program (Project Results) *{refer to page 27}*

## **LAND MANAGEMENT AND TRANSFERS**

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First Nations councils may be with or without delegated authority from the Minister to administer land transactions on designated and non-designated lands under sections 53 and 60 of the *Indian Act*.

First Nations councils **with** delegated authority must submit the following reports on land transactions:

- ▶ A quarterly report includes a detailed listing of rents collected or receivable. Rents not yet paid should be shown as “aged receivables,” clearly indicating the amounts owing and the number of days since the last payment.
- ▶ An annual summary of land transactions lists all activities such as rental agreements entered into and approvals for development of facilities.

Bands **without** delegated authority under the *Indian Act* are required to provide an annual report on land transactions administered for the previous year. For more details on reporting requirements and deadlines, contact the DIAND regional office {*page 15 of the Introduction and User Guide Section*}.

## **INDIAN REGISTRATION AND BAND LISTS**

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The Indian Registry Administrator (IRA) is required to provide information at least on a monthly basis to assist DIAND in maintaining the accuracy of the Indian Registry **where First Nations have undertaken the Indian Registry program**. *The Indian Registry Reporting Manual* should be consulted for detailed instructions and information on reporting requirements. The Indian Registry Data Entry form and other forms (to provide amendments and summaries of Indian Registry data) should be used. Information requirements include up-to-date information on:

- ▶ births;
- ▶ age of majority;
- ▶ marriages;
- ▶ divorces;
- ▶ confirmed deaths; and
- ▶ any other additions or amendments to existing Indian Registry data.

## **CERTIFICATE OF INDIAN STATUS REGISTER**

The Indian Registry Administrator (IRA) is required to provide information in the Certificate of Indian Status Register at least on a monthly basis to assist DIAND in maintaining the accuracy of the Indian Registry **where First Nations have undertaken the Indian Registry program**. The Certificate of Indian Status Register form should be used. Information requirements include up-to-date information on:

- ▶ Responsibility Centre
- ▶ Name, Surname
- ▶ Registry Number
- ▶ Serial Number
- ▶ Date Issued
- ▶ Applicant's Signature
- ▶ Applicant's Address
- ▶ Who Issued the Certificate

## **BAND GOVERNANCE**

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There are two distinct processes under which First Nations elect/select their council:

- a) those First Nations that have chosen to come under the provisions of section 74 of the *Indian Act* and the *Indian Band Election Regulations*; and
- b) those First Nations that carry out the election or selection of their council or representatives according to their own local system under custom.

**In the case (a)**, a trained electoral officer must be appointed by the council to conduct the election and to report on the results.

A detailed Electoral Officer's Report must be submitted to the appropriate regional office of DIAND within two weeks of polling day. It should include:

- ▶ the number of eligible voters;
- ▶ the number of positions on the council and the date the new council is taking office;
- ▶ the number of ballots printed as compared with the total used, spoiled, rejected or deemed void;
- ▶ a breakdown of the number of ballots cast for each candidate;
- ▶ the names of the elected candidates; and
- ▶ an overview of the election process and any serious irregularity that occurred during polling.

For more information regarding the election process, the appeal mechanism and the reporting requirements, contact the DIAND regional office *{page 15 of the Introduction and User Guide Section}*.

**In case of (b) above:**

- ▶ a report from the newly elected/selected council or from the electoral officer should be sent to the appropriate regional office of DIAND, indicating who has been elected/selected to sit on council and the term of office.

## **RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM**

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The objective of the program is to assist First Nation, Inuit and Innu communities to:

- ▶ access business and employment opportunities from major projects;
- ▶ attract investment for on-reserve natural resource development;
- ▶ access off-reserve natural resource development; and
- ▶ participate in the management of off-reserve natural resource development.

Eligible applicants include: Indian bands, Inuit and Innu communities and settlements, tribal councils and their institutions which have been mandated by their bands or communities to carry out activities on their behalf and which have a record of regular and acceptable reporting.

For further information on RAN program eligibility, level of funding, assessment criteria and reporting of results, please review the RAN Program Guidelines that are available at your DIAND regional office *{page 15 of the Introduction and User Guide Section}*.



***LANDS AND TRUST SERVICES***

***FORMS, INSTRUCTIONS,  
DATA DEFINITIONS  
and SOURCES***

**LANDS AND TRUST SERVICES**  
**LAND MANAGEMENT AND TRANSFERS**

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**INSTRUCTIONS**

**QUARTERLY REPORT ON RENTALS AND RECEIVABLES**

**DUE** annually or twice-yearly: date and intervals set by DIAND regional office

- ▶ Detailed listing of rental collections and receivables by band councils with delegated authority under the *Indian Act*.

**SUMMARY REPORT OF LAND MANAGEMENT TRANSACTIONS**

**DUE** on a project by project basis, date set by DIAND regional office.

- ▶ Summary report on number and type of all land management transactions by band with or without delegated authority under the *Indian Act*.
- ▶ Detailed listing of lease agreements and approval for development of facilities by bands with delegated authority.



**QUARTERLY REPORT ON RENTALS AND RECEIVABLES**

\*Detailed listing. Contact DIAND regional office.

**SUMMARY REPORT OF LAND MANAGEMENT TRANSACTIONS**

\*Summary report. Contact DIAND regional office.

# **LANDS AND TRUSTS SERVICES**

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## **INDIAN REGISTRATION**

### **INDIAN REGISTRY DATA ENTRY**

#### **INSTRUCTIONS**

**DUE DATE:** Report due monthly. Contact the regional DIAND office for more information about reporting deadlines. Use one form for each event that needs to be entered on the Indian Registry. This form can be used to record births, miscellaneous additions, age of majority, marriage, divorce, transfer of children on divorce, as per custody order, and confirmed deaths. Go to the appropriate section of the form for detailed instructions.

- ▶ **For Births and Miscellaneous Additions:** Indicate if the event took place in the current year or a prior year, and if the father or the mother is the primary parent. Give the residence code, the province, the Indian Registry category, the sex and the date of birth of the individual. Fill in Section A1 with the name of the individual, and show the names of both parents in sections B and C.
- ▶ **For Age of Majority:** Complete Section A1 by inserting the name of the individual affected. Indicate if the change is a result of birth or marriage. Show the date on which the age of majority change becomes effective.
- ▶ **For Marriage and Divorce:** Check the appropriate boxes to indicate the status of the parties involved. Fill in the husband's name in Section A1 and the wife's name in Section A2. Check the other boxes as appropriate.
- ▶ **For Transfer of Children on Divorce:** Fill in the child's name under Section A1. A separate form must be used for each child. Show if there has been a transfer of custody, which parent has custody and whether the child resides with the mother or father. Give the effective date for the change.
- ▶ **For Confirmed Death:** Fill in the deceased's name in Section A1. Give the name of the Indian spouse in Section A2 if the deceased is non-Indian. Provide the date of death.
- ▶ Enter the Band Administration Code for funding purposes.

Supporting documentation is required:

- ▶ **BIRTHS** Parental consent from the parents and long-form birth certificate identifying the parents.
- ▶ **MISC. ADDITIONS** Application for registrants and long-form birth certificate identifying the parents.
- ▶ **AGE OF MAJORITY** Birth or marriage data.
- ▶ Marriage certificate.
- ▶ **DIVORCE** Decree absolute or diverse certificate.

Administrator code of the initiator of the event - Code administrateur de l'initiateur de l'événement

Please use one form per event - Veuillez utiliser un formulaire par événement

**A1 Individual Affected - Individu(e) concerné(e)**

Registry no. / N° de registre	Family name - Nom de famille	Given name(s) - Prénom(s)	Date of Birth / Date de naissance
	Alias (Optional) - Autres noms (Optionnel)		Y-A M D-J

**A2 Individual Affected - Individu(e) concerné(e)**

Registry no. / N° de registre	Family name - Nom de famille	Given name(s) - Prénom(s)	Date of Birth / Date de naissance
	Alias (Optional) - Autres noms (Optionnel)		Y-A M D-J

**B Father - Père**

Registry no. / N° de registre	Family name - Nom de famille	Given name(s) - Prénom(s)	Date of Birth / Date de naissance
			Y-A M D-J

**C Mother - Mère**

Registry no. / N° de registre	Family name - Nom de famille	Given name(s) - Prénom(s)	Date of Birth / Date de naissance
			Y-A M D-J

**Birth - Naissance**

Current Year / Année courante
  Prior to current year / Antérieure à l'année courante
  Primary Parent / Parent Primaire
  Father / Père
  Mother / Mère

Please complete Section A1 / Veuillez remplir la section

**A1**

Residence Code / Code de résidence	Province	Indian registry category / Catégorie du registre Indien	Sex - Sexe
			<input type="checkbox"/> M <input type="checkbox"/> F

Please complete Sections B + C / Veuillez remplir les sections

**B + C**

\* If one parent is non-Indian, enter "Non Indian" and full name - If parent is not identified, enter "Not Stated" / Si l'un des parent est non-Indien, inscrire "Non-Indien" et son nom complet - Si le parent n'est pas identifié, inscrire "Non déclaré"

**Miscellaneous additions - Additions diverses**

Please complete Birth Section / Veuillez remplir la section Naissance

Please complete Section A1 / Veuillez remplir la section

**A1**

"Martin" case / Cas "Martin"
  Over age of majority / Passé l'âge de majorité

Other / Autre

Please complete Sections B + C / Veuillez remplir les sections

**B + C**

**Age of majority - Âge de majorité**

Effective Date - Date effective

Child / Enfant	Please complete Section A1 / Veuillez remplir la section	<b>A1</b>	<input type="checkbox"/> Birth / Naissance <input type="checkbox"/> Marriage / Mariage	Y-A M D-J
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**Marriage - Mariage**

Marriage Date - Date de mariage

<input type="checkbox"/> Two Indians / Deux Indiens <input type="checkbox"/> Indian female married to non-Indian male / Indienne mariée à un non-Indien <input type="checkbox"/> Indian married to non-Indian female (Acquired status) / Indien marié à une non-Indienne (Statut acquis) <input type="checkbox"/> Indian married to non-Indian female (No status gained) / Indien marié à une non-Indienne (Statut non-acquis)	Husband / Époux Please complete Section A1 / Veuillez remplir la section <b>A1</b> Wife / Épouse Please complete Section A2 / Veuillez remplir la section <b>A2</b> Family name if using both / Nom de famille utilisé si on utilise les deux noms <input type="checkbox"/> Retaining maiden name / Retient son nom de fille	Y-A M D-J
Enter only if different from husband's / À inscrire si différent de celui de l'époux Province code / Code de la province		Residence code / Code de résidence

**Divorce**

Divorce Date - Date de divorce

<input type="checkbox"/> Two Indians / Deux Indiens <input type="checkbox"/> Indian and non-Indian / Indien(ne) et non-Indien(ne)	Husband / Époux Please complete Section A1 / Veuillez remplir la section <b>A1</b> Wife / Épouse Please complete Section A2 / Veuillez remplir la section <b>A2</b> <input type="checkbox"/> Reverted to maiden name / Reprend son nom de fille	Y-A M D-J
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**Transfer of children on Divorce - Transfert des enfants suite au divorce**

Effective date - Date effective

Two Indians / Deux Indiens <input type="checkbox"/> Mother / Mère <input type="checkbox"/> Father / Père	Child / Enfant Please complete Section A1 / Veuillez remplir la section <b>A1</b>	Y-A M D-J
Custody awarded to / Garde accordé à la (au) <input type="checkbox"/> Mother / Mère <input type="checkbox"/> Father / Père		
Resides with / Réside avec la (le) <input type="checkbox"/> Mother / Mère <input type="checkbox"/> Father / Père		

**Confirmed Death - Décès confirmé**

Effective date - Date effective

<input type="checkbox"/> Indian / Indien(ne) <input type="checkbox"/> Non-Indian / Non-Indien(ne)	Please complete Section A1 / Veuillez remplir la section <b>A1</b> (for deceased) / (pour le défunt/la défunte)	Y-A M D-J
<input type="checkbox"/> Member only / Membre seulement	Input indian spouse if deceased is non-Indian / Si le défunt / la défunte est non-Indien(ne)	

**Miscellaneous Amndments - Changements divers**

Note For Miscellaneous Amendments, please use "Miscellaneous Amendments" form. / Pour changements divers, veuillez utiliser le formulaire "Changements divers".

**LAND AND TRUST SERVICES**  
**INDIAN REGISTRATION**  
**INDIAN REGISTER DATA ENTRY**  
**- MISCELLANEOUS AMENDMENTS**

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**INSTRUCTIONS**

**DUE DATE:** Report due monthly. Contact the regional DIAND office for more information about reporting deadlines.

**This form is to be used for amendments to entries on the Indian Registry [such as a name change or correction of existing data] that do not fall under the other categories found on the Indian Registry Data Entry form. Use one form for each event or amendment.**

- ▶ Insert the Indian Registry number and the complete name of the person affected. Fill in the boxes only to show changes that must be made. If there is no change in the information under a heading, leave the box blank.
- ▶ An upgrade in category must be supported by documents proving entitlement to that category.

This form is also used to add comments such as information on the issuance of Indian status.

- ▶ Give a brief description or rationale for any changes being requested.



INDIAN REGISTER DATA ENTRY - MISCELLANEOUS AMENDMENTS  
ENTRÉE DE DONNÉES AU **REGISTRE** DES INDIENS - CHANGEMENTS DIVERS

Registry no. Of person affected No de registre de la personne visée _____	Complete name of person affected - Nom complet de la personne visée _____
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Complete following boxes only where data is to be changed

- Remplir les cases suivantes seulement là où l'information changées

Family name - Nom du famille _____	Maiden name - Nom de fille _____
Given name - Prénoms _____	Alias - Autre nom _____

Birth Date - Date de naissance Y-A M D-J _____	Marital status- État civil _____	Province _____	Residence - Résidence _____
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Sex - Sexe <b>GM</b> <b>GF</b>	Marriage Date Date du mariage Y-A M D-J _____	Indian Registry category* Catégorie du Registre des Indien* _____	*Any request for a change to the category must be accompanied by a supporting letter clearly indicating why the change is requested. *Toute demande de changement à le catégorie doit être accompagnée d'une lettre de justification indiquant clairement la raison pour laquelle le changement est demandé
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<b>G</b> Father Père	Registry no. - No. De registre _____	Complete name - Nom complet _____
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<b>G</b> Mother Mère	Registry no. - No. De registre _____	Complete name - Nom complet _____
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- Complete following section for all miscellaneous amendments.

- Remplir la section suivante pour tous les changements divers.

- New data will appear on Registered Indian Record Sheet.

- La nouvelle information apparaîtra au dossier de l'indien inscrit.

Remarks to be / Remarque à être ➤ **G** Added / Ajouté **G** Deleted / Retranchée **G** Changed / Changée

New or changed remark - Remarque nouvelle ou changée

White copy / Copie blanche ➤ Head Office / Siège social

Pink copy / Copie rose ➤ District Office / Bureau du district

## **LANDS AND TRUSTS SERVICES**

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### **INDIAN REGISTRATION INDIAN REGISTER EVENTS REPORTS SUMMARY**

#### **INSTRUCTIONS**

**DUE DATE:** Report due monthly. Contact the regional DIAND office for more information about reporting deadlines.

This form provides a one-page summary listing of all the information contained in individual Indian Registry forms for data entry and miscellaneous amendments.

- ▶ Fill in the district name and group or band name. Give the total number of individual Indian Registry forms for data entry and miscellaneous amendments submitted with this report summary.
  
- ▶ Provide a list of Indian Registry events recorded on the attached Indian Registry forms for data entry and miscellaneous amendments. For each form, list the name of the individual affected and the type of change or event.



Group Code		
Code du groupe		

**INDIAN REGISTER EVENTS REPORTS SUMMARY**  
**SOMMAIRE DES ÉVÉNEMENTS À RAPPORTER AU REGISTRE DES INDIENS**

DISTRICT	
Group name - Nom du groupe	Number of data entry forms Nombre de formules d'entrée de données

Signature of District or Band Manager - Signature du l'administrateur du district ou de la bande	Date					
	<table border="1"> <tr> <td align="center">Y/A</td> <td align="center">M</td> <td align="center">D/J</td> </tr> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>	Y/A	M	D/J		
Y/A	M	D/J				

White copy ➤ Head Office  
Copie blanche ➤ Siège social

Pink Copy ➤ District office  
Copie rose ➤ Bureau du district

**LANDS AND TRUSTS SERVICES**  
**INDIAN REGISTRATION**  
**CERTIFICATE OF INDIAN STATUS REGISTER**

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**INSTRUCTIONS**

**DUE DATE:** Report due monthly. Contact the regional DIAND office for more information about reporting deadlines.

The Certificate of Indian Status Register is a record of all Certificates of Indian Status received by an office and all those that have been distributed.

- ▶ Complete the Certificate of Indian Status Register by entering:
  - Name in Full: the applicant's full name as it appears on the Certificate of Indian Status.
  - Registry No.: the applicant's registry number.
  - Serial Number: the number of Certificate of Indian Status. (This number should already be recorded -see below.)
  - Date Issued: date the Certificate of Indian Status was issued.
  - Signature: the applicant should sign his/her name. If the individual customarily signs with an x, this is acceptable, with one witness signature. If the individual is a minor child and is unable to sign his/her name, a parent may sign for them.
  - Applicant's address
  - Issued By: name of individual who issued the card

***MAINTAINING THE CERTIFICATE OF INDIAN STATUS REGISTER***

- ▶ The Indian Registry Administrator must keep the Certificate of Indian Status Register up-to-date:
  - Enter in sequence (1,2,3,4...) the serial numbers of all Certificates of Indian Status **immediately** after you receive them from your regional office.
  - Issue the Certificates of Indian Status in numerical sequence.
  - If a Certificate of Indian Status needs to be destroyed, note the information in the Register. Once complete, destroy outdated certificate.
  - Keep the Certificates of Indian Status and the Certificate of Indian Status Register in a locked cabinet.
  - **Certificate of Indian Status Register shall be forwarded to the regional office on a monthly basis. The regional office will then enter this information into the Indian Register.**





# **LANDS AND TRUSTS SERVICES**

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## **BAND GOVERNANCE**

### **ELECTORAL OFFICER'S REPORT**

#### **INSTRUCTIONS PAGE 1**

**DUE DATE:** An Electoral Officer's Report is required within two weeks following every general election and by-election conducted under the provisions of the *Indian Act*. For more information on reporting deadlines, contact the DIAND regional office. **(Note: Report Form is 2 Pages)**

- ▶ Fill in the band name, number and district. Date the Electoral Officer's Report and indicate if it was a general or by-election.
- ▶ Give the date of the most recent election. Indicate the total number of members in the band and the number of people eligible to vote.
- ▶ Provide a profile of the band council, including the usual number of councillors and their regular term of office. Indicate if there has been a change in council size since the last election and, if so, the reason for it. Show which sections of the *Indian Act* govern the election.
- ▶ Give an overview of the election process, including dates for the following events:
  - notice of the nomination meeting;
  - posting of the voters' list;
  - nomination meeting;
  - posting of polling notice and polling date.
- ▶ If possible, provide some information (i.e., addresses) showing where the voters' list and notices were posted in the community.
- ▶ Give a breakdown of the ballots printed, cast, counted, spoiled, unused, rejected and used at the poll. Ensure that the total number of ballots used equals the total number of ballots printed.
- ▶ Give a breakdown of the total number of ballots cast for each candidate for the positions of chief and councillors.



# ELECTORAL OFFICER'S REPORT

First Nation Name		Band Number	Date
District		Election Type G General    G Special	Selection Method G Act        G Custom
Total Band Member	Total # Eligible to Vote	Date of Most Recent Previous Election	

### PROFILE OF COUNCIL

Number of Councillors	Length of Regular Term of Office	Has Council size increased since last election? State why?
Election of Chief is pursuant to Indian Act Section 74(3)(a) G I                    G ii	Election of Councillors is pursuant to Indian Act Section 74(3)(b) G I                    G ii	

Date Nomination notice was posted	List three locations of Posting
Date Voters' List was posted	List three locations of Posting
Date Nomination Meeting held	List location of Meeting
Date Notice of Poll was posted	List three locations of Posting
Date Poll was held	List three locations of Poll
Date Voters' List was posted	List three locations of Posting

### BALLOTS

Total Ballots printed for Chief	Total Ballots printed for Councillor
Number of Ballots Cast and Counted for Chief	Number of Ballots Cast and Counted for Councillor
Number of Ballots Cast and Rejected for Chief	Number of Ballots Cast and Rejected for Councillor
Number of Ballots Spoiled	Number of Ballots Spoiled for Councillor
Number of Ballots Unused	Number of Ballots Unused for Councillor
Number of Ballots used as Tally Sheets	Number of Ballots used as Tally Sheets for Councillor
Total for Chief ( <i>should equal Total Ballots Printed</i> )	Total for Councillor ( <i>should equal Total Ballots Printed</i> )

**LANDS AND TRUSTS SERVICES**  
**BAND GOVERNANCE**  
**ELECTORAL OFFICER'S REPORT**

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**INSTRUCTIONS PAGE 2**

- ▶ List the names and addresses of those elected.
- ▶ Indicate the date for the start of the new term of office.
- ▶ Provide any additional relevant information regarding the conduct of the election.

The electoral officer must sign and date this report. As well, please enter the times the polls were open (a.m. - p.m.).



Candidate for Chief Name	# of Votes	Candidate for Councillor Name	# of Votes	Electoral Section
Candidate for Chief Name	# of Votes	Candidate for Councillor Name	# of Votes	Electoral Section
Candidate for Chief Name	# of Votes	Candidate for Councillor Name	# of Votes	Electoral Section
Candidate for Chief Name	# of Votes	Candidate for Councillor Name	# of Votes	Electoral Section
Candidate for Chief Name	# of Votes	Candidate for Councillor Name	# of Votes	Electoral Section
Candidate for Chief Name	# of Votes	Candidate for Councillor Name	# of Votes	Electoral Section
Number of Rejected Ballots for Chief		Number of Rejected Ballots for Councillor		

**CANDIDATES PUBLICLY DECLARED ELECTED**

To the Office of Chief Name	Address	Electoral Section
To the Office of Councillor Name	Address	Electoral Section
To the Office of Councillor Name	Address	Electoral Section
To the Office of Councillor Name	Address	Electoral Section
To the Office of Councillor Name	Address	Electoral Section
To the Office of Councillor Name	Address	Electoral Section

Start Date of New Term of Office

**ADDITIONAL COMMENTS**

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**I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Name	Signature	Date
Date of Appointment as Electoral Officer	Time that Polls were open (from A.M. to P.M.)	

**LANDS AND TRUSTS SERVICES**  
**RESOURCE ACCESS NEGOTIATIONS PROGRAM (RAN)**  
**APPLICATION FORM**

---

**INSTRUCTIONS**

**DUE DATE:** Prior to funding consideration.

**Project Title:** Fill out the date and title of the project. Fill out a separate report for each project.

**Applicant Information:** Fill in the name, address, telephone and fax number of the applicant.

**Project Information:** Check the appropriate description and sector for the project.

**Description of Resource Development Project/Negotiation Project:** Provide a short description of the resource development project, negotiation project (include output/objectives) and the potential benefits. List the planned activities, the proposed schedule and the resources required to carry out each activity.

**Project Budget/Total Project Cost:** Indicate the overall eligible cost of the project for each year. If the project is achieved in collaboration with other departments or organizations, identify each one's financial contribution.

**Attachments:** Please indicate which attachments are included e.g., background information, detailed project proposal, work plan or strategic plan. Please specify all other attachments.

**Applicant's Name/Title/Signature:** The person preparing the form should provide his or her full name and title, and then sign and date the completed form.



# APPLICATION FORM

## RESOURCE ACCESS NEGOTIATIONS PROGRAM (RAN)

DATE \_\_\_\_\_

**Project Title**

### APPLICANT INFORMATION

**Name of Applicant**

**Address**

**Telephone**

**FAX**

### PROJECT INFORMATION

**Purpose of Project**

- Negotiating Activities; Off-Reserve Developers
- Investment Negotiating Activities
- Resource Access Negotiations; Management of Off-Reserve Resources
- Other: *(Please Specify)*

**Sector**

- Agriculture
- Fisheries
- Major Projects
- Oil & Gas
- Resource Co-management
- Forestry
- Hydro
- Minerals
- Real Estate
- Tourism
- Other *(Please Specify)*

**Description of Resource Development Project**

**Description of Negotiation Project**

**Potential Benefits (employment, revenue, business potential, agreements, etc.)**

**Project Budget**

**Year** \_\_\_\_\_

**Year** \_\_\_\_\_

Total Eligible Cost:

Band/Community Equity

Other Sources: *(Please specify)*

**Total Project Cost:**

**Amount Requested:**

**Attachments:**

- Background Information
- Detailed Proposal
- Work Plan
- Strategic Plan
- Other *(Specify)*

**Applicant's Name**

**Title**

**Date**

**Applicant's Signature**

**LANDS AND TRUSTS SERVICES**  
**RESOURCE ACCESS NEGOTIATIONS PROGRAM (RAN)**  
**PROJECT SUMMARY REPORT**

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**INSTRUCTIONS**

**DUE DATE:** This project summary report is required to be submitted to regional office on or before June 30th outlining the previous fiscal year RAN activity/results.

- ▶ Fill in name of region.
- ▶ Fill in name of project.
- ▶ Describe project sector (e.g., resource co-management, forestry, tourism, etc.).
- ▶ Fill in name of project sponsor (recipient).
- ▶ Outline total project cost, RAN contribution and other project funding.
- ▶ Provide a short description of project objectives.
- ▶ Describe project results (e.g., agreements negotiated, jobs accessed, training provided in order to access jobs, new business opportunities etc.).





# RESOURCE ACCESS NEGOTIATIONS PROGRAM (RAN) PROJECT SUMMARY REPORT

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**REGION:**

---

**PROJECT:**

---

**SECTOR:**

---

**RECIPIENT:**

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**TOTAL COST:**

**RAN CONTRIBUTION:**

**OTHER:**

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**PROJECT OBJECTIVES:**

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**RESULTS:**

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**LANDS AND TRUST SERVICES**  
**DATA ELEMENTS DEFINITIONS AND SOURCE**

This table describes the data to be collected and provides a justification for their inclusion. The various data elements are required for administrative, accountability and operational purposes.

For some data, the source is a formal document such as a completion certificate, a school register, or a university transcript. For example, in Housing and Infrastructure, the source for data on the number of new housing units completed is a completion certificate signed by a qualified building inspector. This means data on the number of new housing units completed is gathered by counting the number of completion certificates. If 10 completed housing units are reported, there must be 10 completion certificates on file. **For the Resource Access Negotiations program data elements, the source for the data elements is as noted on the following tables.**

**RESOURCE ACCESS NEGOTIATIONS - Application Form**

*Source: RAN project proposal and related documents*

<b>Data Element</b>	<b>Description</b>
<b>Project Title</b>	RAN funds “negotiations” with third parties, with the expectation that these negotiations will lead to agreements for employment, co-management and business and investment opportunities. RAN will only fund projects with high potential impacts. Therefore the project title should be one which is eligible for funding under RAN.
<b>Purpose of the Project</b>	Eligible projects will fall under one of three categories: <u>Negotiating Activities:</u> with developers of off reserve resource projects near reserves or communities, and related parties to gain employment, business and other economic benefits. <u>Investment Negotiating Activities:</u> for the sale, lease or development of community-controlled natural resources which have not been subject to development in the past. <u>Resource Access Negotiating Activities:</u> with provinces, territories and other owners or users, to access or participate in the management of off-reserve natural resources.
<b>Sector</b>	Information on the project sector will help DIAND assess the success of the program. Sectors include: agriculture, forestry, fisheries, hydro, minerals, oil and gas, real estate, resource co-management, tourism and major projects.

<b>Project Budget</b>	<p>The project budget is broken down by eligible and ineligible costs:</p> <p><u>Eligible Costs:</u> fees and expenses of technical experts, including consultants, negotiators and lawyers, hired for negotiations, and incremental direct costs to the bands or communities related to the negotiating activities.</p> <p><u>Ineligible Costs:</u> per diem, salaries and wages for community members for whom the work related to the project falls within a work assignment for which they are already paid, overhead costs to the applicant, honoraria for the band or community members, requests for increased funding for an approved project, expenses for services normally provided by DIAND and costs related to non-economic activities (e.g., environmental assessment).</p>
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**RESOURCE ACCESS NEGOTIATIONS (RAN)  
- Project Summary Report**

*Source: RAN project proposal and related documents*

<b>Data Element</b>	<b>Description</b>
<b>Region</b>	Name of region.
<b>Project Title</b>	Name of project.
<b>Sector</b>	Describe project sector.
<b>Recipient</b>	Name of project sponsor.
<b>Project Cost</b>	Outline total project cost, RAN contribution and other project funding participants.
<b>Project Objectives</b>	Provide a short description on project goals and objectives.
<b>Project Results</b>	Describe project results: agreements negotiated, jobs assessed, training provided in order to access jobs, new business opportunities.



Indian and Northern Affairs Canada  
Affaires indiennes et du Nord Canada

# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## **EDUCATION**

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*

## **EDUCATION**

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### **OVERVIEW**

The department's objective is to ensure that all eligible Indians and Inuit have access to a quality and range of elementary/secondary education programs and services that are relevant to the social, economic and cultural needs and conditions of the individual First Nations and communities being served and that are comparable to those provided by the provincial public education system; to encourage and support the educational and/or career development opportunities of Indians and Inuit through post-secondary education and to support Indians and Inuit in preserving, developing and expressing their cultural heritage and aboriginal language. The following programs contribute toward achieving this objective.

### **ELEMENTARY SECONDARY EDUCATION**

The Department of Indian Affairs and Northern Development (DIAND) provides funding for the provision of elementary/secondary education to eligible students status Indians residing on reserve. These include the provision of instructional services in federal schools, the reimbursement of costs for on-reserve students attending provincial schools and the provision of funding for instruction in First Nation schools and student support services including transportation, accommodation, guidance and counselling services and student financing. The Elementary/Secondary Program provides for the delivery of the education program to students 4 year old Kindergarten through 12 (grade 13 in Ontario and secondary 5 in Quebec).

### **POST-SECONDARY EDUCATION**

The post-secondary program supports the increased participation and success of status Indians and Inuit in recognized post-secondary education programs. The program involves financial support for students enrolled in recognized university and college entrance preparation as well as recognized post-secondary programs, and funding to post-secondary institutions to support specialized programs for eligible status/treaty Indian students.

### **CULTURAL EDUCATION**

The Department provides financial assistance to Indian bands, tribal/district councils and Indian/Inuit non-profit corporations to preserve, develop, promote and express their cultural heritage, language, religion, philosophy institutions, inventions, art skills, instruments, and behaviours which distinguish on group from another. Cultural/Educational centres develop and operate cultural/educational programs for First Nation peoples to participate in and for the general public to experience.

## **EDUCATION**

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### **KEY TERMS**

#### **NOMINAL ROLL STUDENT CENSUS**

The nominal roll system is an information database which provides a mechanism for the regions, districts and schools to undertake an annual census of Indian and Inuit students living on reserve and attending school, whose education is being funded by DIAND either directly or indirectly.

Educational assistance may be granted to non-Indians living on reserve if assistance is not available from municipal or provincial sources and provided such non-Indians fit into the “A to F” categories as described in the Nominal Roll User Guide and funding, in the opinion of the Minister of Indian Affairs and Northern Development, is justified.

#### **CERTIFICATION OF TEACHERS AND CURRICULUM**

School principals, in schools administered by First Nations must make an annual report giving the names of teachers and attesting to their teaching qualifications, as well as certifying that the curriculum used meets provincial or territorial educational standards.

#### **PROVINCIAL OR TERRITORIAL EDUCATIONAL SERVICES**

The Department and/or First Nation Councils negotiate agreements with provincial school authorities concerning the capital and tuition funds required to provide space and educational services for eligible Indian students. In these cases, school boards invoice First Nation Councils/DIAND for the cost of educational services to First Nation students.

## **WHAT NEEDS TO BE SUBMITTED AND WHEN?**

### **ELEMENTARY SECONDARY EDUCATION**

✎ **DUE** October 15, based on a census date of September 30

- Nominal Roll Student Census Report *{refer to page 8}*.
- Annual Certification of Teachers and Curriculum *{refer to page 10}*.

✎ **DUE** Annually (date set by DIAND regional office).

- Provincial-Territorial Educational Services Report *{refer to page 12}*.

✎ **DUE** once every five years *{refer to page 14}*.

- School Evaluation Report

### **POST-SECONDARY EDUCATION**

✎ **DUE** December 31, based on a census date of November 1

- Register of Post-Secondary Students *{refer to page 16}*.
- Register and Summary of Post-Secondary Graduates *{refer to page 20}*.

✎ **DUE** Annually (date set by DIAND regional office).

- Indian Studies Support Program (ISSP) *{refer to page 22}*.

### **CULTURAL EDUCATION**

✎ **DUE** Annual Activity Report (date set by DIAND regional office).

- Cultural Education Annual Activity Report *{refer to page 24}*.

## **EDUCATION**

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### **ELEMENTARY / SECONDARY EDUCATION**

First Nations are requested to provide a list of students registered in schools at the start of the school year so education funding requirements can be estimated by DIAND. All students not returning to school must also be reported with a reason and the destination for their departure. The following information is to be included on the Nominal Roll Student Census form:

- ▶ student identification, including the relevant registration numbers and the full name of each student;
- ▶ date of birth, gender and status code; and
- ▶ details of residence, accommodation, transportation arrangements, special education needs, extent of Indian language instruction and band of financial responsibility.

School principals in elementary and secondary schools on First Nations reserves are required to fill out and sign an Annual Certification of Teachers and Curriculum at the start of each school year. A separate certificate should be provided for each school that includes:

- ▶ a list of all teachers and their qualifications, including the name of the educational institution where he or she obtained a teaching degree or certificate; and
- ▶ Certification that all teachers and principals possess valid teaching certificates and/or permits, and that the school curriculum used in all grades meets the educational standards of the province or territory in which the school is located.

Provincial or territorial education services are provided in cases where First Nations students attend off-reserve schools. School boards invoice band councils for the cost of providing provincial or territorial educational services, and funds can be requested from DIAND to cover these costs on an annual basis. To verify how funds are spent and to request additional funds if necessary, band councils should provide:

- ▶ copies of all school board invoices or bills for off-reserve educational services; and
- ▶ a list of students attending provincial or territorial schools.

DIAND requires that band councils evaluate elementary and secondary educational services every five years. The evaluation must demonstrate that community and school objectives are being met. For more information on the evaluation process and requirements, contact the DIAND regional office. The main purpose of the evaluation is to:

- ▶ review the school curriculum; and
- ▶ assess the quality of instruction offered.



## **EDUCATION**

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### **POST-SECONDARY EDUCATION**

Under the department's Post-Secondary Education Assistance Programs (Post-Secondary Student Support Program - PSSSP and University and College Entrance Preparation Program - UCEP) financial support is provided to eligible Status Indians and Inuits toward the costs of their Post-Secondary Education. Indian and Inuit organizations managing these programs are responsible for reporting on identified student data.

The Register of Post-Secondary Students provides an annual report to DIAND with the following information:

- ▶ Indian Registry number and student's full name receiving post-secondary funding;
- ▶ the name of the post-secondary institution attended by each student, the area of study, the length of the program, the current year of study and the qualification being sought;
- ▶ whether or not a student is in attendance part-time or full-time.

Band councils must also submit an annual Report on Post-Secondary Graduates that gives a breakdown of students who have completed their studies in the previous year. The report includes:

- ▶ detail student information on all graduates; and
- ▶ actual total number of students who received post-secondary education funding in the previous year.

The Indian Studies Support Program (ISSP) contributes funding to Indian education organizations, Indian Post-Secondary institutions for the development and delivery of special programs for Status Indians.

All Post-Secondary institutions receiving ISSP funding must submit an annual report by December 31 on these special programs.

# ***EDUCATION***

## ***FORMS, INSTRUCTIONS, DATA DEFINITIONS and SOURCES***

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**NOMINAL ROLL STUDENT CENSUS REPORT**

**INSTRUCTIONS**

**DUE DATE:** Due annually on October 15, based on a census date of September 30 for the current school year. \*CONTACT DIAND REGIONAL OFFICE TO RECEIVE THE ORIGINAL FORM.

- ▶ Insert the school name, address, identification numbers and school type.
- ▶ Provide the home district number, band number, family number, child number, surname and given name for each student currently enrolled.
- ▶ Provide each student's date of birth and gender. To indicate status, use the following codes:

1 On-reserve or Crown land Indians	2 Other
4 Inuit	6 Children of government employees
7 Indians not yet registered but whose parents are registered	8 Reinstated Indians
- ▶ Indicate the grade level:

- K4 Junior kindergarten	- K5 Senior kindergarten
- SS Special student	- 1 to 13 All other grades
- ▶ Show the student's place of residence:

1 On reserve	2 On Crown Land
3 Other [no local taxes]	4 Off reserve
- ▶ Indicate if the student receives accommodation to attend the school:

1 No accommodation provided	2 Room and board private home placement
3 Boarding school	4 Student residence
5 Group home	6 Room and board [5 days]
7 Trap line [2 months]	
- ▶ Indicate if transportation is regular:

1 Transported daily by school bus	2 Transported daily by other means
3 Transported daily by public transit	4 No service provided
- ▶ Indicate if transportation is other:

1 Seasonal transportation for student receiving accommodation
2 Special transportation for disabled
3 Noon lunch transportation
4 Weekend transportation for student receiving accommodation (5 days)
5 No service provided
- ▶ Special education can be categorized as:

1 Other special need student	2 Hearing and sight impaired
3 Physically challenged	4 No service provided
- ▶ For both languages spoken on school entry and instruction, use the following codes:

1 Indian	2 English
3 French	4 Indian and English
5 Indian and French	6 Indian, French and English
7 English and French	8 Innuktituk
9 Innuktituk and French	10 Innuktituk and English
11 Innuktituk, French and English	
- ▶ For each student, indicate the extent of Indian language instruction he or she receives:

1 Not used	
Medium of instruction:	
2 Used more than half time	3 Used less than half time
4 Taught as a subject only	5 Subject and part-time medium
6 Subject and full-time medium	
- ▶ Percentage of Indian language instruction in the school:

1 0%	2 1 to 25%
3 26 to 50%	4 51 to 75%
5 76 to 100%	
- ▶ Insert the number of the band of financial responsibility for each student, as well as the numbers of the band and reserve where the student ordinarily resides.

See reverse for codes and notes/Complete form using black ink  
 Voir au verso les codes et notes/Remplir le formulaire à l'encre noire

**NOMINAL ROLL STUDENT CENSUS**  
**RECENSEMENT DES ÉLÈVE DE LA LISTE NOMINATIVE**

PAGE of de NO. of transactions = Nombre de transactions

School name - Nom de l'école		School Identifier Identification d'école	School board Conseil scolaire	Type Genre	School number Numéro d'école	Type - Genre School Type - Genre d'école
School address - Adresse d'école	Postal code - Code postal					Federal / Fédérale Provincial / Provinciale Municipal / Municipale Band / Bande / Adit / Entée par une bande

Student Identifier Identificateur de l'élève				Student List Liste des élèves		Initial Initiales	Date of birth Date de naissance			Siblings Frères et sœurs	Sex Sexe	Grade Niveau scolaire	Attendance Présence	Status Statut	Date of financial responsibility Date de responsabilité financière	Transaction: Regular Transaction: Régulière	Transaction: Other Transaction: Autre	School status Statut de l'école	Language of instruction Langue d'enseignement	Band of financial responsibility Bande financière de responsabilité	Band of residence Bande de résidence	Reserve of residence Réserve de résidence
Home district no. No de district domiciliaire	Band no. No de bande	Family no. No de famille	Child position No de rang de naissance	Surname Nom	Given name Prénom		Y/A	M/M	D/J													

Completed by - Établi par	Date Y/A M/M D/J	Certify by - Certifié par	Date Y/A M/M D/J	Input by - Entrée par	Date Y/A M/M D/J
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## **EDUCATION**

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# **ANNUAL CERTIFICATION OF TEACHERS AND CURRICULUM**                      **ELEMENTARY-SECONDARY**

## **INSTRUCTIONS**

**DUE DATE:** Report is due annually soon after the beginning of the school year. Contact the DIAND regional office for more information.

- ▶ Fill in the school year.
- ▶ Fill in the name of the community or administering First Nation and the name of the school. Note that a separate certificate must be submitted for each school.
- ▶ The school principal must certify that the teaching staff all hold valid teaching certificates for the province or territory in which the reserve is located. Fill in the name of the province or territory.    **NOTE:** A list of teachers and certification level should be attached separately.
- ▶ The principal is to sign and date the form.



# ANNUAL CERTIFICATION OF TEACHERS & CURRICULUM

FOR THE YEAR \_\_\_\_\_

NAME OF COMMUNITY: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

I HEREBY CERTIFY THAT, FOR SCHOOL YEAR \_\_\_\_\_  
CURRENT SCHOOL YEAR

ALL TEACHERS AND I POSSESS TEACHING CERTIFICATES  
AND/OR PERMITS WHICH ARE UP TO DATE AND VALID IN THE  
PROVINCE OR TERRITORY OF \_\_\_\_\_ .  
PROVINCE OR TERRITORY

FURTHERMORE, THE CURRICULUM USED IN THE SCHOOL  
COMPLIES AT ALL ACADEMIC LEVELS WITH THE BASIC  
REQUIREMENTS OF THE PROVINCIAL/TERRITORIAL  
DEPARTMENT OF EDUCATION.

SIGNATURE OF PRINCIPAL: \_\_\_\_\_

DATE: \_\_\_\_\_

## **EDUCATION**

### **PROVINCIAL-TERRITORIAL EDUCATIONAL SERVICES**

### **ELEMENTARY-SECONDARY**

## **INSTRUCTIONS**

**DUE DATE:** Due annually for current school year, date set by DIAND regional office.

- ▶ Copies of school board invoices for provincial or territorial educational services to First Nations students.
  
- ▶ A list of students attending provincial or territorial schools.

**PROVINCIAL-TERRITORIAL EDUCATIONAL SERVICES**

\*Contact DIAND regional office.



## **EDUCATION**

### **SCHOOL EVALUATION**

### **ELEMENTARY-SECONDARY**

#### **INSTRUCTIONS**

**DUE DATE:** Due once every five years, date to be negotiated with DIAND regional office.

- ▶ Review of curriculum.
- ▶ Assessment of instructional quality and standards.
- ▶ Review to determine if community and school objectives have been achieved.

**SCHOOL EVALUATION**  
\*Contact DIAND regional office.

## EDUCATION

### REGISTER OF POST-SECONDARY STUDENTS

### POST-SECONDARY

#### INSTRUCTIONS

**DUE DATE:** Due annually on December 31, based on a census date of November 1 for the current school year. Contact the regional office for a copy of the *Post-Secondary Education User Guide* for detailed instructions on the information to be provided.

- ▶ Insert the year for which the report is being filed, and the name and number of the administering First Nations band.
- ▶ List all students currently receiving post-secondary funding on November 1. Provide the Indian Register number, and the full name for each student. For Inuit students add birth date and gender in the Indian Register number field.
- ▶ Provide the code of the institution where the student is in attendance. Indicate the major area of study the student is enrolled in *{refer to page 18}* and the qualification sought, using the following codes:
  - 1: Non-university certificate or diploma.
  - 2: Undergraduate degree, including bachelor's degree, first professional degree [e. g., LLB, MD., M.Div., or B.Ed.], or an undergraduate licence, certificate or diploma [for example, dental hygiene or physiotherapy].
  - 3: Graduate degree, including master's degree or PhD, or a graduate level certificate or diploma
  - 4: Not seeking a qualifying degree, such as special students, auditors, other.
- ▶ Show the length of the program by filling in the number of years. Also, show in years, the year of study in which the student is presently enrolled.
- ▶ Check off if the student is in attendance full-time or part-time.
- ▶ Sign and date the form when completed.



# REGISTER OF POST-SECONDARY STUDENTS

FOR THE YEAR \_\_\_\_\_

**FIRST NATION NAME:**

**FIRST NATION NUMBER:**

INDIAN REGISTRY NUMBER	STUDENT FULL NAME (SURNAME, GIVEN NAME)	NUMBER OF PSE INSTITUTION	MAJOR AREA OF STUDY	QUALIFICATION SOUGHT	CURRENT YEAR OF STUDY	LENGTH OF PROGRAM	FULL-TIME	PART-TIME

PREPARED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>Post-Secondary Education: Program Codes</b>		
<b>MAJOR AREA OF STUDY</b>	<b>COMMUNITY COLLEGES AND TRADE PROGRAM CODES</b>	<b>UNIVERSITY PROGRAM CODES</b>
<b>AGRICULTURE &amp; BIOLOGICAL SCIENCES</b>		U51
<b>ARTS</b>	C01	
<b>CANADIAN STUDIES (*Does not include Native Studies)</b>		U52
<b>CLERICAL</b>	C02	
<b>GENERAL ARTS &amp; SCIENCES</b>	C03	U53
<b>BUSINESS &amp; COMMERCE</b>	C04	U54
<b>EDUCATION</b>	C05	U55
<b>ENGINEERING &amp; APPLIED SCIENCES</b>	C06	U56
<b>FINE &amp; APPLIED ARTS</b>	C07	U57
<b>HEALTH PROFESSIONS</b>		U58
<b>HEALTH SCIENCES &amp; RELATED</b>	C08	
<b>LAW</b>		U59
<b>MATHEMATICS &amp; PHYSICAL SCIENCES</b>		U60
<b>NATIVE STUDIES</b>	C09	U61
<b>NATURAL SCIENCES &amp; PRIMARY INDUSTRIES</b>	C10	
<b>SOCIAL SCIENCES (&amp; SERVICES)</b>	C11	U62
<b>HUMANITIES (&amp; RELATED)</b>	C12	U63
<b>OTHER</b>	C99	U99

**Post-Secondary Education:  
Qualification Sought Code Table**

The following table provides a code to represent the qualification sought by a particular student. From Statistics Canada 1992.

<b>QUALIFICATION BEING SOUGHT</b>	<b>DESCRIPTION</b>	<b>CODE</b>
<b>NON-UNIVERSITY</b>	INCLUDES: ! Non-university type certificate or diploma	1
<b>UNDERGRADUATE</b>	INCLUDES: ! bachelor degree ! First professional degree (e.g. MD., DMD, LLB, M.Div., etc., as well as B.Ed. requiring a prior bachelor's degree) ! Licence undergraduate ! Undergraduate level certificate or diploma (e.g., diploma in dental hygiene, diploma in physiotherapy, etc.)	2
<b>GRADUATE</b>	INCLUDES: ! Licence graduate ! master's degree and qualifying year (excludes M.Div.) ! PhD and qualifying year ! Earned doctorate ! Graduate level certificate or diploma	3
<b>NOT SEEKING A QUALIFICATION</b>	INCLUDES: ! Special students ! Auditors ! Students taking courses for credit elsewhere ! Other	4

## **EDUCATION**

### **REGISTER AND SUMMARY OF POST-SECONDARY GRADUATES**

### **POST-SECONDARY**

#### **INSTRUCTIONS:**

**DUE DATE:** Due annually, on Dec 31 for all students who have graduated from their studies in the previous year

- ▶ Insert the year for which the report is being filed, and the name and number of the administering First Nations band.
- ▶ List detail student information on all students that have graduated in the previous year. For additional instructions, please refer to the 'Register of Post-Secondary Students' on page 16.

**NOTE:** The student's Indian Registry number and the student's full name are the only information required for students that were identified in the previous year's Register of Post-Secondary Students. Complete information is required for all other students.

- ▶ Provide the actual post-secondary students funded for the previous year.
- ▶ Sign and date the form when completed.

## REGISTER & SUMMARY OF POST-SECONDARY GRADUATES

FOR THE YEAR \_\_\_\_\_

**FIRST NATION NAME:**

**FIRST NATION NUMBER:**

INDIAN REGISTRY NUMBER	STUDENT FULL NAME (SURNAME, GIVEN NAME)	NUMBER OF PSE INSTITUTION	MAJOR AREA OF STUDY	QUALIFICATION SOUGHT	CURRENT YEAR OF STUDY	LENGTH OF PROGRAM	FULL-TIME	PART-TIME

**ACTUAL TOTAL OF POST-SECONDARY STUDENTS FUNDED:**

---

\_\_\_\_\_  
**PREPARED BY:**

\_\_\_\_\_  
**DATE:**



**INSTRUCTIONS**

**DUE DATE:** Due annually, date set by DIAND regional office.

- ▶ Narrative report on the special programs to assist students in Native Studies.

**INDIAN STUDIES SUPPORT PROGRAM (ISSP)**

\*Narrative Report. Contact DIAND regional office.

**INSTRUCTIONS:**

**DUE DATE:** To be complete by each group receiving funds and sent to the nearest DIAND office no later than June 30.

First Nations who have received funds under this program must provide an annual activity report. Each report must include the following:

- ▶ the name and address of the organization which received funding.
- ▶ the name and phone number of a contact person at each organization
- ▶ provide a short description of the project objective.
- ▶ describe project results

Your nearest DIAND regional office should be contacted for further information regarding this program.

**CULTURAL EDUCATION ANNUAL ACTIVITY REPORT**

\*Narrative Report. Contact DIAND regional office.

## EDUCATION

### DATA ELEMENTS DEFINITIONS AND SOURCE

This table describes the data to be collected and provides a justification for their inclusion. The various data elements are required for accountability and resourcing purposes.

For some data, the source is a formal document such as a completion certificate, a school register, or a university transcript. *For example, in Housing and Infrastructure, the source for data on the number of new housing units completed is a completion certificate signed by a qualified building inspector. This means data on the number of new housing units completed is gathered by counting the number of completion certificates. If 10 completed housing units are reported, there must be 10 completion certificates on file.*

### ELEMENTARY / SECONDARY EDUCATION

<b>Data Element</b>	<b>Description</b>
<b>School Name (student attends)</b>	This information will allow DIAND to evaluate the number of students attending a school.  <i>Source: School Register</i>
<b>School Address</b>	<i>Source: School Register</i>
<b>School Type</b>	One of four categories: band operated, federally operated, provincially or privately operated.  <i>Source: Region</i>
<b>School Number</b>	<i>Source: Region and School Register</i>
<b>School Board Number</b>	<i>Source: Region</i>
<b>School Board Name</b>	<i>Source: Region</i>
<b>Student Identifier</b>	The number assigned to the student which identifies the band number, family number and child position number. For registered Indian students, this is the Indian Registry number. For non-registered students, this number is an arbitrary, unique identifier assigned by the region.  <i>Source: Student's Status Card and School Register</i>
<b>Student Name (surname and given name)</b>	Provide students' full name.  <i>Source: Student's Status Card and School Register</i>
<b>Date of Birth</b>	<i>Source: Student's Status Card or School Register</i>

<b>Data Element</b>	<b>Description</b>
<b>Status Code</b>	<p>Identifies the student's status as one of the following:</p> <ul style="list-style-type: none"> <li>1 - On reserve or Crown Land Indians</li> <li>2 - Other (Previously A-F Students)</li> <li>4 - Inuit</li> <li>6 - Children of government employees</li> <li>7 - Indians not yet registered but whose parents are registered</li> <li>8 - Reinstated Indians</li> </ul> <p><i>Source: Student's Status Card and School Register</i></p>
<b>Sex</b>	<p>This information is required for comparison purposes.</p> <p><i>Source: School Register</i></p>
<b>Grade</b>	<p>The grade in which the student is registered on the census date.</p> <p>This information is required to monitor the effectiveness of elementary / secondary funding as well as for comparison to the Canadian population.</p> <p><i>Source: School Register</i></p>
<b>Residence</b>	<p>Identifies the student's residency.</p> <p>This information is required for compliance to the program directives.</p> <p><i>Source: First Nation Residency Records</i></p>
<b>Accommodation</b>	<p>The type of accommodation provided to eligible students (i.e. room and board, private placement, etc.).</p> <p><i>Source: Application for Accommodation Assistance</i></p>
<b>District of Financial Responsibility</b>	<p>Region or district which is funding the student's education.</p> <p><i>Source: School Register</i></p>
<b>Transportation</b>	<p>Transportation of students while attending school (i.e., regular or special). Regular refers to daily busing, public transit and other means.</p> <p>Special refers to seasonal transportation, the transport of persons with disabilities, noon lunch and weekend transport.</p> <p><i>Source: School Register or Bus List</i></p>

<b>Data Element</b>	<b>Description</b>
<b>Special Education</b>	<p>Services delivered to students with severe learning disabilities, emotional or physical conditions which require highly specialized and costly instructions and program material.</p> <p><i>Source: Medical Certificate/Assessment</i></p>
<b>Language(s) Spoken on School Entry and of Instruction</b>	<p>Extent of Indian language instruction and percentage of Indian language instruction in school. Language(s) spoken on entry and language(s) of instruction. including Indian, English, French, Innuktituk or some combination of these.</p> <p>This information is required for administrative, operational and comparison purposes.</p> <p><i>Source: School Register</i></p>
<b>Band of Financial Responsibility</b>	<p>Number of the band, tribal council or authority that is financially responsible for the education of the student, or would become responsible when the program is transferred.</p> <p>This information is required for administrative and operational needs.</p> <p><i>Source: School Register</i></p>
<b>Band of Residence</b>	<p>Number of the band on whose reserve the student ordinarily resides.</p> <p>This information is required for administrative and operational needs.</p> <p><i>Source: First Nation Residency Records</i></p>
<b>Reserve of Residence</b>	<p>Number of the reserve on which the student ordinarily resides. (LTS reserve number)</p> <p>This information is required for administrative and operational needs.</p> <p><i>Source: First Nation Residency Records</i></p>

Data Element	Description
<b>Leaver</b>	<p>The REASON and DESTINATION of a student who no longer attends the school.</p> <p><b><u>REASON:</u></b></p> <p><b>1 - Graduated</b> - student who has obtained the credits required by the province for secondary school certification.</p> <p><b>3 - Transferred to Another School</b> - student living on reserve, who has transferred to another school (i.e., federal/band/provincial or private) and is still funded by DIAND.</p> <p><b>4- Withdrew</b> - student who lives on reserve and is no longer attending school.</p> <p><b>5 - Moved Off reserve</b> - student who has moved off reserve and is no longer eligible for DIAND funding.</p> <p><b>7 - Deceased</b></p> <p>This information is required to monitor the effectiveness of elementary / secondary funding as well as for comparability to the Canadian population.</p> <p><b><u>DESTINATION:</u></b></p> <p><b>0- Employed</b></p> <p><b>1- Still in School</b></p> <p><b>2- Occupational Skills</b></p> <p><b>5- Post-Secondary Education</b></p> <p><b>7- Unemployed</b></p> <p><b>9- Whereabouts unknown/deceased</b></p> <p><i>Source: School Register/Transfer Slip</i></p>



## POST-SECONDARY EDUCATION

Data Element	Description
<b>Indian Registration Number</b>	<p>As only registered Indian/Inuit individuals are entitled to PSE funding, this data element will confirm their registration.</p> <p><i>Source: Student's status card</i></p>
<b>Student's Full Name (first name &amp; surname)</b>	<p>This information is required for administrative purposes to further identify the student. (Note: Birth date and gender are required for Inuit students)</p> <p><i>Source: Student's status card or Transcript</i></p>
<b>Funding Recipient</b>	<p>This information is required for administrative purposes to clearly identify the organization responsible for managing the allocation of funds for the student. The number of the funding organization which is responsible for managing the allocation of funds for this student.</p> <p><i>Source: First Nation</i></p>
<b>Institution Number</b>	<p>This information is required for administrative and operational needs. Number of institution as acknowledged by the list provided in the Post-Secondary Education User's Guide. It is that number which is also assigned by Statistics Canada.</p> <p><i>Source: PSE User's Guide (this guide may be obtained from the Regional office)</i></p>
<b>Graduation</b>	<p>This information is required to monitor the effectiveness of Post-Secondary funding to First Nations, in comparison with other Canadians. Successful completion of post-secondary program from which the student is funded for.</p> <p><i>Source: Transcript</i></p>
<b>Major Area of Study</b>	<p>This information is required to monitor the effectiveness of Post-Secondary funding to First Nations, in comparison with other Canadians. The major area of study that the student is enrolled in.</p> <p><i>Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution.</i></p>

<b>Data Element</b>	<b>Description</b>
<b>Qualification Sought</b>	<p>This information is required to monitor the effectiveness of Post-Secondary funding to First Nations, in comparison with other Canadians. The type of degree, certificate or diploma sought by student.</p> <p><i>Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution.</i></p>
<b>Length of Program</b>	<p>This information is required to monitor the effectiveness of Post-Secondary funding to First Nations, in comparison with other Canadians.</p> <p>The duration of the program (in years) as determined by the institution, required to complete the program on a continuing full-time basis. This is not the time it takes for the student to complete the program.</p> <p><i>Source: Transcript or institution</i></p>
<b>Current Year of Study</b>	<p>This information is required to monitor the effectiveness of Post-Secondary funding to First Nations, in comparison with other Canadians.</p> <p>The year of study in which the student is currently enrolled in.</p> <p><i>Source: Transcript.</i></p>
<b>Student Status</b>	<p>This information is required to monitor the effectiveness of Post-Secondary funding to First Nations, in comparison with other Canadians.</p> <p>Whether the student is enrolled on a full-time or part-time basis.</p> <p><i>Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution.</i></p>

# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*

# **FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY**

## **OVERVIEW**

The Department of Indian Affairs and Northern Development's (DIAND) First Nations and Inuit Youth Employment Strategy is part of the federal government's Youth Employment Strategy Initiative. DIAND's strategy is designed to assist on-reserve First Nations and Inuit youth carve successful career path for themselves. The goal of the strategy is to increase the number of young First Nations and Inuit youth people who have access to work experience.

## **FIRST NATIONS AND INUIT SCIENCE AND TECHNOLOGY CAMP PROGRAM**

The First Nations and Inuit Science and Technology Camp Program is part of DIAND's Youth Employment Strategy. This program promotes science and technology as career choices by supporting science camps which will provide on-reserve First Nations and Inuit youth with first-hand experience in various science and technology disciplines. Eligible youth are elementary or secondary students living on reserve or in recognized communities.

First Nations/Inuit may be required to provide information such as:

- ▶ the education level of participants;
- ▶ age of participants;
- ▶ financial information; and
- ▶ duration of participation at camp.

## **FIRST NATIONS AND INUIT SUMMER STUDENT CAREER PLACEMENT PROGRAM**

The First Nations and Inuit Summer Student Career Placement Program (SSCP) is part of DIAND's First Nations and Inuit Youth Employment Strategy. This program focuses on youth by providing opportunities for career-related work experience and training to in-school First Nations and Inuit youth, living on reserve or in recognized communities, during the summer months. The overall purpose is to assist students in preparing for their future entry into the labour market. Registered full-time students from the preceding academic year who intend to return to school on a full-time basis in the next academic year are eligible.

First Nations/Inuit may be required to provide information such as:

- ▶ the education level of participants;
- ▶ age of participants;
- ▶ financial information; and
- ▶ duration of the jobs.

### **FIRST NATIONS AND SCHOOLS CO-OPERATIVE EDUCATION PROGRAM**

The First Nations Schools Co-operative Education Program is part of DIAND's First Nations and Inuit Youth Employment Strategy. This program funds on-reserve schools to establish or expand co-operative education programs. It provides opportunities for students in grade 7 through 13 to combine school-based learning with workplace/community experience. The overall purpose is to assist students in preparing for their future entry into the labour market.

First Nations may be required to provide information such as:

- ▶ information on students who participated in the program;
- ▶ information on the employers who participated in the program;
- ▶ financial information; and
- ▶ an assessment of the implementation and operation of the program.

### **FIRST NATIONS AND INUIT WORK EXPERIENCE PROGRAM**

The First Nations and Inuit Work Experience Program is part of the DIAND's First Nations and Inuit Youth Employment Strategy. DIAND's program focuses on-reserve First Nations and Inuit youth who are out of school and unemployed by providing opportunities to increase their basic job skills and give them practical work experience that will increase their future employability while enabling them to contribute to their communities.

First Nations/Inuit may be required to provide information such as:

- ▶ number of participants;
- ▶ age and gender of participants;
- ▶ type and duration of work placements; and,
- ▶ financial information.

### **WHAT NEEDS TO BE SUBMITTED AND WHEN?**

Reporting requirements and deadlines for each of these programs are currently under review.

Please contact your local DIAND regional office for the 1999-2000 reporting requirements.



***FIRST NATIONS AND INUIT  
YOUTH EMPLOYMENT  
STRATEGY***

***FORMS, INSTRUCTIONS,  
DATA DEFINITIONS  
and SOURCES***

**REPORTING REQUIREMENTS AND DEADLINES  
FOR EACH OF THESE PROGRAMS ARE CURRENTLY UNDER REVIEW**

**PLEASE CONTACT YOUR LOCAL DIAND REGIONAL OFFICE  
FOR THE 1999-2000 REPORTING REQUIREMENTS**

**FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY**  
**EVALUATION REPORT**  
**(SCIENCE AND TECHNOLOGY)**

**INSTRUCTIONS**

**DUE DATE:** To be completed by each group receiving federal funds and sent to the nearest DIAND office no later than September 15 for a summer camp; December 31 for fall activities; and April 15 for winter activities.

- ▶ Fill in the name and address of the group receiving funding.
- ▶ Insert the name, phone number and fax number of the contact person.
- ▶ Enter the total number of youth participating, as well as the number of males and females.
- ▶ Fill in the number of participants in each education level completed by June.
- ▶ Fill in the number of participants in each age category.
- ▶ Fill in the total amount spent on the program, the federal portion, other funding sources including employer contribution and the amount spent on managing the program.
- ▶ Insert the names of any other businesses or organizations that worked on the program.
- ▶ Enter the number of students in each category.
- ▶ Please attach copies of any program evaluations completed by participants.
- ▶ Include any recommendations for changes to the program or other comments.



# EVALUATION REPORT FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY PROGRAM FIRST NATIONS AND INUIT SCIENCE AND TECHNOLOGY CAMP PROGRAM

(To be completed by each group receiving Federal funds and sent to nearest office of Indian and Northern Affairs Canada no later than September 15 for a summer camp; December 31 for fall activities; and April 15 for winter activities.)

NAME AND ADDRESS OF GROUP RECEIVING FUNDS:

CONTACT PERSON:

PHONE: ( )

FAX: ( )

NUMBER OF YOUTH PARTICIPATING:

TOTAL: \_\_\_\_\_

FEMALE: \_\_\_\_\_

MALE: \_\_\_\_\_

EDUCATION LEVEL OF PARTICIPANTS (number of participants in each category, according to education level completed in June.)

GRADE 1: \_\_\_\_\_

GRADE 2: \_\_\_\_\_

GRADE 3: \_\_\_\_\_

GRADE 4: \_\_\_\_\_

GRADE 5: \_\_\_\_\_

GRADE 6: \_\_\_\_\_

GRADE 7: \_\_\_\_\_

GRADE 8: \_\_\_\_\_

GRADE 9: \_\_\_\_\_

GRADE 10: \_\_\_\_\_

GRADE 11: \_\_\_\_\_

GRADE 12/13: \_\_\_\_\_

AGE OF PARTICIPANTS:

6-7: \_\_\_\_\_

8-9: \_\_\_\_\_

10-11: \_\_\_\_\_

12-13: \_\_\_\_\_

14-15: \_\_\_\_\_

16-17: \_\_\_\_\_

>17: \_\_\_\_\_

PARTICIPATION IN CAMP (fill in number of students)

SUMMER: \_\_\_\_\_

WEEKENDS: \_\_\_\_\_

AFTER-SCHOOL ACTIVITIES: \_\_\_\_\_

HOLIDAYS: \_\_\_\_\_

FINANCIAL INFORMATION:

TOTAL SPENT ON PROGRAM: \_\_\_\_\_

DIAND PORTION: \_\_\_\_\_

OTHER FUNDING SOURCES: (including employer contribution): \_\_\_\_\_

WHAT OTHER BUSINESSES OR ORGANIZATIONS WORKED WITH YOU ON THIS PROGRAM

DURATION OF PARTICIPATION AT CAMP (FILL IN NUMBER OF STUDENTS IN EACH CATEGORY)

1 WEEK: \_\_\_\_\_

2 WEEKS: \_\_\_\_\_

2-3 WEEKS: \_\_\_\_\_

3-4 WEEKS: \_\_\_\_\_

MORE THAN 4 WEEKS: \_\_\_\_\_

PLEASE ATTACH COPIES OF ANY EVALUATION OF PROGRAM BY PARTICIPANTS.

RECOMMENDATIONS FOR CHANGES TO PROGRAM OR OTHER COMMENTS:

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**FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY**  
**EVALUATION REPORT**  
**(SUMMER STUDENT CAREER PLACEMENT)**

**INSTRUCTIONS**

**DUE DATE:** To be completed by each group receiving federal funds and sent to the nearest DIAND office no later than September 15.

- ▶ Fill in the name and address of the group receiving funding.
- ▶ Insert the name, phone number and fax number of the contact person.
- ▶ Enter the total number of youth participating, as well as the number of males and females.
- ▶ Fill in the number of participants in each education level completed by June.
- ▶ Fill in the number of participants in each age category.
- ▶ Fill in the total amount spent on the program, the DIAND portion, other funding sources including employer contribution, the amount spent on managing the program and the wage rate paid to participants.
- ▶ Insert the names of any other businesses or organizations that worked on the program.
- ▶ Enter the number of jobs in each category.
- ▶ Please attach copies of any evaluations of the program by participants.
- ▶ Include any recommendations for changes to the program or other comments.

**EVALUATION REPORT**  
**FIRST NATIONS AND INUIT YOUTH**  
**EMPLOYMENT STRATEGY PROGRAM**  
**FIRST NATIONS AND INUIT SUMMER STUDENT CAREER PROGRAM**

(To be completed by each group receiving Federal funds and sent to nearest office of Indian and Northern Affairs Canada no later than September 15.)

NAME AND ADDRESS OF GROUP RECEIVING FUNDS:

CONTACT PERSON:

PHONE: ( )

FAX: ( )

NUMBER OF YOUTH PARTICIPATING:

TOTAL: \_\_\_\_\_

FEMALE: \_\_\_\_\_

MALE: \_\_\_\_\_

EDUCATION LEVEL OF PARTICIPANTS (number of participants in each category, according to education level completed in June.)  
< GRADE 8: \_\_\_\_\_ GRADE 9: \_\_\_\_\_ GRADE 10: \_\_\_\_\_ GRADE 11: \_\_\_\_\_ GRADE 12/13: \_\_\_\_\_  
SOME POST-SECONDARY:

POST-SECONDARY DIPLOMA OR CERTIFICATE:

UNIVERSITY DEGREE:

AGE OF PARTICIPANTS:

15-19: \_\_\_\_\_

20-24: \_\_\_\_\_

25-30: \_\_\_\_\_

BRIEF DESCRIPTION OF TYPES OF JOBS

FINANCIAL INFORMATION:

TOTAL SPENT ON PROGRAM: \_\_\_\_\_

DIAND PORTION: \_\_\_\_\_

OTHER FUNDING SOURCES: (including employer contribution): \_\_\_\_\_

AMOUNT SPENT ON MANAGING PROGRAM: \_\_\_\_\_

AMOUNT DIRECTLY IN HANDS OF PARTICIPANTS: \_\_\_\_\_

WAGE RATE PAID TO PARTICIPANTS:

WHAT OTHER BUSINESSES OR ORGANIZATIONS WORKED WITH YOU ON THIS PROGRAM

DURATION OF JOBS (fill in the number of jobs in each category)

4-8 WEEKS: \_\_\_\_\_

9-12 WEEKS: \_\_\_\_\_

13-15 WEEKS: \_\_\_\_\_

16-18 WEEKS: \_\_\_\_\_

PLEASE ATTACH COPIES OF ANY EVALUATION OF PROGRAM BY PARTICIPANTS.

RECOMMENDATIONS FOR CHANGES TO PROGRAM, OR OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY**  
**FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION**  
**PROGRAM - PROGRESS REPORT**

**INSTRUCTIONS**

**DUE DATE:** To be completed by each group receiving funds and sent to the nearest DIAND office no later than December 1.

First Nations who have received funds under this program must provide a progress report on the implementation of the program. Each report must include the following:

- ▶ the name and address of organization receiving funding with a contact person;
- ▶ the name and location of the school (s) participating;
- ▶ the goals and objectives of the program;
- ▶ the detailed description of the program (curricula, work/community placement activities, links with provincial co-operative education programs and policies for accreditation purposes, modifications to school academic programs,...);
- ▶ the implementation plan including: time frame for implementation; counselling and support activities for students and employers; and, provision of any necessary clothing and transportation;
- ▶ the number, gender and grade levels of students participating;
- ▶ the list of employers who will provide work placements;
- ▶ the plan for the monitoring and assessment of students during work placement;
- ▶ the revised budget for the design and the implementation of the program including the contributions from the community and the participating employers; and,
- ▶ the plan for the evaluation of the students and the program.

**FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION  
PROGRAM (Progress Report)**

**\*Narrative report - see left. Contact your DIAND regional office.**

**FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY**  
**FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION**  
**PROGRAM - FINAL EVALUATION REPORT**

**DUE DATE:** To be completed by each group receiving funds and sent to the nearest DIAND office no later than June 30.

First Nations who have received funds under this program must provide a final evaluation report on the implementation of the program. Each report must include the following:

- ▶ the name and address of the organization which received funding.
- ▶ the contact person for this program at the organization which received funding.
- ▶ the name of the school(s), the name and phone number of a contact person at each school.
- ▶ the identification of each student who participated in the program (full name, gender, relevant registration number and grade level).
- ▶ the list of employers who provided work placements and the name of students who received workplace experience from each employer.
- ▶ a detailed assessment of the implementation/operation of the program (recommendations for changes, other comments).
- ▶ a financial report (total spent on the program; Co-operative Education program's portion; other funding sources; amount spent on managing the program).
- ▶ written evaluations of the program by at least half of the participants (students and employers).

Your nearest DIAND regional office should be contacted for further information regarding this program.

**FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION  
PROGRAM (Final Evaluation Report)**

**\*Narrative report - see left. Contact your DIAND regional office.**

**FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY**  
**EVALUATION REPORT**  
**(FIRST NATIONS**  
**AND INUIT YOUTH**  
**WORK EXPERIENCE PROGRAM)**

**INSTRUCTIONS**

**DUE DATE:** to be completed by each group receiving federal funds and sent to the nearest DIAND office no later than June 30.

- ▶ Fill in the name and address of the group receiving funding.
- ▶ Insert the name, phone number and fax number of the contact person.
- ▶ Enter the total number of youth participating, as well as the total number of males and females.
- ▶ Fill in the number of participants in each education level completed to date.
- ▶ Fill in the number of participants in each age category.
- ▶ Provide a brief description of the types of jobs provided by the various work placements.
- ▶ Fill in the total amount spent on the program, the DIAND portion, other funding sources including employer contribution, the amount spent on managing the program and the wage rate paid to participants.
- ▶ Insert the names of any other businesses or organizations that worked with your organization on the program.
- ▶ Enter the number of jobs for each category of the duration of jobs.
- ▶ Please attach copies of any evaluations of the program by participants.
- ▶ Include any recommendations for changes to the program or other comments.





## EVALUATION REPORT FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY PROGRAM

### FIRST NATIONS AND INUIT YOUTH WORK EXPERIENCE PROGRAM

(To be completed by each group receiving funds and sent to nearest office of Indian Affairs and Northern Canada  
no later than June 30, 1998)

NAME AND ADDRESS OF GROUP RECEIVING FUNDING:

CONTACT PERSON:

PHONE: ( )

FAX: ( )

NUMBER OF YOUTH PARTICIPATING:

TOTAL: \_\_\_\_\_

FEMALE: \_\_\_\_\_

MALE: \_\_\_\_\_

EDUCATION LEVEL OF PARTICIPANTS (education completed to date)

< GRADE 8: \_\_\_\_\_ GRADE 9: \_\_\_\_\_ GRADE 10: \_\_\_\_\_ GRADE 11: \_\_\_\_\_ GRADE 12/13: \_\_\_\_\_

SOME POST-SECONDARY:

POST-SECONDARY DIPLOMA OR CERTIFICATE:

UNIVERSITY DEGREE:

AGE OF PARTICIPANTS:

16-18

19-21:

22-24:

BRIEF DESCRIPTION OF TYPES OF JOBS

FINANCIAL INFORMATION:

TOTAL SPENT ON PROGRAM: \_\_\_\_\_

DIAND PORTION: \_\_\_\_\_

OTHER FUNDING SOURCES: (including employer contribution): \_\_\_\_\_

AMOUNT SPENT ON MANAGING PROGRAM: \_\_\_\_\_

AMOUNT DIRECTLY IN HANDS OF PARTICIPANTS: \_\_\_\_\_

WAGE RATE PAID TO PARTICIPANTS: \_\_\_\_\_

WHAT OTHER BUSINESSES OR ORGANIZATIONS WORKED WITH YOU ON THIS PROGRAM?

DURATION OF JOBS (fill in number of jobs in each category)

6 mos: \_\_\_\_\_

7 mos: \_\_\_\_\_

8 mos: \_\_\_\_\_

9 mos: \_\_\_\_\_

PLEASE ATTACH COPIES OF ANY EVALUATIONS OF PROGRAM BY PARTICIPANTS.

RECOMMENDATIONS FOR CHANGES TO PROGRAM, OR OTHER COMMENTS:

*(Please attach extra sheets as needed)*

**FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY**  
**DATA ELEMENTS DEFINITIONS**

This table describes the data to be collected and provides a justification for their inclusion.

**Science and Technology Summer Camp Program:**

<b>Data Element</b>	<b>Description</b>
<b>Name and Address of Group Receiving Funding</b>	Recipient name (band/hamlet/tribal council/other organization)  This information is used for operational purposes.
<b>Recipient Number</b>	The band/hamlet/tribal council/other organization identifier number used on the funding agreement.  This information is required for administrative purposes.
<b>Number of Youth Participating</b>	The number of males and females taking part in the science and technology camp program.  This information is required for accountability purposes.
<b>Education Level of Participants</b>	This is the education level of the participants.  This information is required for program assessment.
<b>Age of Participants</b>	The number of participants per age group.  This information is required for program assessment.
<b>Type of Camps</b>	The duration of the camp (by weeks) for each type of camps.  This information is required for program assessment.
<b>Participation at Camp</b>	The number of students per type of camp.  This information is required for program assessment.
<b>Total Spent on Program</b>	The total dollar amount spent on the program from all sources.  This information is required for program assessment.
<b>DIAND Portion</b>	The DIAND portion of the total spent on the program.  This information is required for program justification and accountability purposes.

<b>Data Element</b>	<b>Description</b>
<b>Other Funding Sources</b>	<p>Those resources other than the DIAND portion that supply funds.</p> <p>This information is required for program assessment.</p>
<b>Other Businesses or Organizations</b>	<p>The identification of other businesses and organizations that worked with you on this program.</p> <p>This information is required for program assessment.</p>

**Student Summer Career Placement Program:**

<b>Data Element</b>	<b>Explanation</b>
<b>Name and Address of Group Receiving Funding</b>	<p>Recipient name (band/hamlet/tribal council/other organization)</p> <p>This information is used for operational purposes.</p>
<b>Recipient Number</b>	<p>The band/hamlet/tribal council/other organization identifier number used on the funding agreement.</p> <p>This information is required for administrative purposes.</p>
<b>*Number of Youth Participating</b>	<p>The number of males and females participating in the program.</p> <p>This is required for program assessment.</p>
<b>*Education Level of Participants</b>	<p>The number of participants in each category, according to education level completed by June.</p> <p>This is required for program assessment.</p>
<b>*Age of Participants</b>	<p>The number of participants in each age category.</p> <p>This is required for program assessment.</p> <p>*It is important to ensure that the statistical information identified relates appropriately and accurately to the financial information provided.</p>
<b>Total Spent on Program</b>	<p>The total dollar amount spent on the program from all sources.</p> <p>This information is required for program assessment.</p>
<b>DIAND Portion</b>	<p>The DIAND portion of the total spent on the program.</p> <p>This information is required for program justification and accountability purposes.</p>
<b>Other Funding Sources</b>	<p>Those resources other than the DIAND portion that supply funds.</p> <p>This information is required for program assessment.</p>
<b>Duration of Jobs</b>	<p>The number of employees by length of employment.</p> <p>This is required for accountability and resourcing purposes.</p>

### First Nations Schools Co-operative Education Program

<b>Data Element</b>	<b>Explanation</b>
<b>Name and Address of Group Receiving Funding</b>	<p>Recipient name (band/tribal council/other organization)</p> <p>This information is used for operational purposes.</p>
<b>Recipient Number</b>	<p>The band/tribal council/other organization identifier number used on the funding agreement.</p> <p>This information is required for administrative purposes.</p>
<b>Name of School (s)</b>	<p>The name of the school (s) and the name and phone number of a contact person implementing the program.</p> <p>This information is used for operational purposes and program assessment.</p>
<b>Identification of Participants</b>	<p>The identification of each student who participated in the program (full name, gender, student identification number from the Indian Registration System and grade level).</p> <p>This is required for administrative purposes and for program assessment.</p>
<b>List of Employers</b>	<p>The list of employers who provided work placements and the type of work placement provided.</p> <p>This is required for program assessment.</p>
<b>Assessment of Implementation of Program</b>	<p>A narrative assessment of the implementation/operation of the program (recommendations for change, other comments).</p> <p>This is required for program assessment.</p>
<b>Financial Information</b>	<p>The financial information should include: the total spent on the program; the portion funded by the DIAND's program; other funding sources; and, the amount spent on managing the program.</p> <p>This is required for administrative, operational and program assessment.</p>
<b>Evaluations from Participants</b>	<p>Copies of evaluations of the program by at least half of the participants (students and employers). The organization may want to provide a summary of the evaluations in a narrative format.</p> <p>This is required for program assessment.</p>

### First Nations and Inuit Youth Work Experience Program

Data Element	Explanation
<b>Name and Address of Group Receiving Funding</b>	<p>Recipient name (band/hamlet/tribal council/other organization)</p> <p>This information is used for operational purposes.</p>
<b>Recipient Number</b>	<p>The band/hamlet/tribal council/other organization identifier number used on the funding agreement.</p> <p>This information is required for administrative purposes.</p>
<b>Number of Youth Participating</b>	<p>The number of males and females participating in the program.</p> <p>This is required for program assessment.</p>
<b>Education Level of Participants</b>	<p>The number of participants in each category, according to education level completed by June.</p> <p>This is required for program assessment.</p>
<b>Age of Participants</b>	<p>The number of participants in each age category.</p> <p>This is required for program assessment.</p>
<b>Types of Jobs</b>	<p>A brief description of the types of jobs provided under the program.</p> <p>This is required for program assessment.</p>
<b>Total Spent on Program</b>	<p>The total dollar amount spent on the program from all sources.</p> <p>This information is required for program assessment.</p>
<b>DIAND Portion</b>	<p>The DIAND portion of the total spent on the program.</p> <p>This information is required for program justification and accountability purposes.</p>
<b>Other Funding Sources</b>	<p>Those resources other than the DIAND portion that supply funds.</p> <p>This information is required for program assessment.</p>

# **FIRST NATIONS NATIONAL REPORTING GUIDE**

**1999-2000**

## **SOCIAL DEVELOPMENT (Social Assistance & Social Support Services)**

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)  
*{unless otherwise specified}.***

## **SOCIAL DEVELOPMENT**

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### **SOCIAL ASSISTANCE**

#### **OVERVIEW**

First Nations people, like other Canadian citizens, are responsible for managing their own affairs and maintaining themselves to the extent that their resources permit. Some individuals and families are unable to provide for themselves and their dependents. Situations therefore exist in which assistance must be available to community members in need. Social Assistance is one type of income-supplement to eligible persons. Other income supports include Old Age Security, Child Tax Benefits, etc.

Social Assistance provides for financial benefits and services to First Nations individuals and families who are in need. Need is determined by the application of a needs test and other eligibility requirements. The purpose of the program is to enable individuals and families to maintain health, safety, dignity and family unity.

In some cases, specialized employment and training counselling services are offered by First Nation councils for social assistance recipients to assist them to find employment, and some First Nations may offer work opportunity projects to further assist recipients to gain employment experiences.

First Nations councils are expected to administer social assistance funds to provide for basic and special needs in the community according to regional social assistance policy and procedure directives. They may also be asked to participate in program reviews from time to time according to the Department of Indian Affairs and Northern Development (DIAND) policy. More detailed information on policy directives and program review requirements can be obtained from the DIAND regional office *{page 15 of the Introduction and User Guide Section}*.



## WHAT NEEDS TO BE SUBMITTED AND WHEN?

First Nations councils are required to submit either monthly or annually (**depending on the funding arrangement**) Social Assistance Program Reports that provide statistics on social assistance expenditures and participants.

- ✎ First Nations funded social assistance on a **reimbursement basis**
  - to submit **social assistance monthly reports** which will vary from region to region. Please contact your regional office *{page 15 of the Introduction and User Guide Section}* for more details *{also refer to page 15}*.
  
- ✎ First Nations funded social assistance through **fixed volume Alternative Funding Arrangements (AFA)**
  - to submit the Social Assistance Annual Report **due annually on May 30** for the previous fiscal year ending March 31 *{refer to page 37}*.
  
- ✎ First Nations funded social assistance through **fixed volume Financial Transfer Agreements (FTA)**
  - to submit the Social Assistance Annual Report **due annually on May 30** for the previous fiscal year ending March 31 *{refer to page 55}*.

## **SOCIAL DEVELOPMENT**

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### **NATIONAL CHILD BENEFIT (NCB) REINVESTMENT ANNUAL REPORT**

#### **OVERVIEW**

The National Child Benefit system is a national initiative aimed at preventing and reducing the depth of child poverty in Canada. It was initiated in July 1998\* and is comprised of the following components:

- ▶ an increase in the federal Canada Child Tax Benefit with the addition of the National Child Benefit Supplement for low-income families with children;
- ▶ in most provinces, territories and First Nation communities, adjustments to social assistance payments to low income families with children equal to the amount of the increase in the Canada Child Tax Benefit; and,
- ▶ use of offset social assistance dollars by provinces, territories and First Nations to fund reinvestment programs for low income families with children.

It is expected that First Nations will develop reinvestment programs and services that meet the broad requirements set out in the Regional Management Framework for the National Child Benefit in First Nations.

\* Due to the implementation of the provincial family policy in 1997, reinvestment funds of First Nations in the Quebec Region have been accruing since December 1, 1997.

## WHAT NEEDS TO BE SUBMITTED AND WHEN?

First Nations councils are required to submit either monthly or annually (**depending on the funding arrangement**) National Child Benefit Reinvestment Reports that provide statistics on expenditures and participants.

- ✎ First Nations funded social assistance on a **reimbursement basis**
  - to submit National Child Benefit Reinvestment Annual Report which will vary from region to region. Please contact your regional office *{page 15 of the Introduction and User Guide Section}* for more details *{also refer to page 17}*.
  
- ✎ First Nations funded social assistance through **fixed volume Alternative Funding Arrangements (AFA)**
  - to submit the National Child Benefit Reinvestment Annual Report **due annually on May 30** for the previous fiscal year ending March 31 *{refer to page 39}*.
  
- ✎ First Nations funded social assistance through **fixed volume Financial Transfer Agreements (FTA)**
  - to submit the National Child Benefit Reinvestment Annual Report **due annually on May 30** for the previous fiscal year ending March 31 *{refer to page 57}*.

## **SOCIAL DEVELOPMENT**

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### **SOCIAL SUPPORT SERVICES**

#### **OVERVIEW**

Social support services are offered to community members to help them cope with problems that affect their social and emotional well-being. Services may include child protection and family counselling, adult care programs for people who are physically or mentally challenged and for the elderly; shelters for victims of family or domestic violence; and other special community social assistance projects.

#### **WHAT NEEDS TO BE SUBMITTED AND WHEN?**

First Nations councils are required to submit either monthly or annual reports (depending on the funding arrangement and type of report) that provide statistics on social support services.

✍ The following reports are required for submission from First Nations funded social support services **on a reimbursement basis - also see PART A/FORMS:**

##### **DUE Monthly**

- Child and Family Services Maintenance Report *{refer to page 19}*.
- Adult Services Report *{refer to page 23}*.

##### **DUE Annually or twice yearly**

- Child and Family Services Operational Report *{refer to page 21}*.

##### **DUE May 30 for the previous fiscal year ending March 31**

- National Strategy for Integration of Persons with Disabilities Report *{refer to page 25}*.
- Family Violence Projects Report *{refer to page 27}*.
- Family Violence Shelter Report *{refer to page 29}*.
- Community Social Services Projects Report *{refer to page 31}*.
- Day Care Facilities/Head Start Program Annual Report *{refer to page 33}*.

📎 The following reports are required for submission from First Nations funded social support services through **fixed volume Alternative Funding Arrangements (AFA)** - also see **PART B/FORMS**:

**DUE** May 30 for the previous fiscal year ending March 31

- Adult Services Report *{refer to page 41}*.
- National Strategy for Integration of Persons with Disabilities Report *{refer to page 43}*.
- Family Violence Projects Report *{refer to page 45}*.
- Family Violence Shelter Report *{refer to page 47}*.
- Community Social Services Projects Report *{refer to page 49}*.
- Day Care Facilities/Head Start Program Annual Report *{refer to page 51}*.

📎 The following reports are required for submission from First Nations funded social support services through **fixed volume Financial Transfer Agreement (FTA)** - see also **PART C/FORMS**.

**DUE** May 30 for the previous fiscal year ending March 31

- Child and Family Services Maintenance Report - where applicable *{refer to page 59}*.
- Child and Family Services Operational Report - where applicable *{refer to page 61}*.
- Adult Services Report *{refer to page 63}*.
- National Strategy for Integration of Persons with Disabilities Report *{refer to page 65}*.
- Family Violence Projects Report *{refer to page 67}*.
- Family Violence Shelter Report *{refer to page 69}*.
- Community Social Services Projects Report *{refer to page 71}*.
- Day Care Facilities/Head Start Program Annual Report *{refer to page 73}*.

## **SOCIAL DEVELOPMENT**

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### **SOCIAL SUPPORT SERVICES**

#### **KEY TERMS**

##### **CHILD AND FAMILY SERVICES**

Child and family services usually include programs such as counselling and education to prevent family breakdown and the removal of children from their homes; child protection, foster care and adoption; and placements for children in group homes, institutions or special counselling programs. The circumstances under which child protection becomes necessary are defined through provincial or territorial legislation.

First Nations councils are required to submit monthly or annual reports on child and family services that provide details on child protection activities including:

- ▶ the number of children in care at the end of the month and the type of care placement, whether foster home, group home or other institution; and
- ▶ the number of days in care for each child, the daily costs and the total monthly cost for each placement.

Along with the monthly report, administering agencies are required to submit invoices for special purchase items for children.

An annual or twice-yearly report on child and family services is also required in the regions. Contact the DIAND regional office *{page 15 of the Introduction and User Guide Section}* for more information about reporting requirements for the operation of child and family services. Periodic reports on child and family services include the following:

- ▶ a list of the services provided to prevent children from coming into care as well as the number of families participating in these services and the total number of children served;
- ▶ a list of local groups providing the services to prevent children from coming into care, such as family services and Native elders' committees;
- ▶ the number of public education and information sessions such as workshops and seminars, held on child and family welfare issues;
- ▶ a list of all the child protection services offered for children in care as well as children under legal supervision orders in their own homes; and
- ▶ the number of families and children affected by protection services, and the number of foster and adoption homes used over the last year.

Regions may also require documentation on each child to confirm eligibility for maintenance funding as per DIAND authorities [i.e., status Indian with on reserve residence status at the time of apprehension].

### **ADULT CARE**

Adult care services are provided by First Nations councils for the elderly and those who are physically or mentally challenged. Adult care is intended to give support to families in situations where individuals need special help due to age, illness, or disability. Services include emergency shelters for homeless adults, home care for elderly or ill community members, reception centres and foster homes.

First Nations councils are required to provide a monthly or annual report on adult care services that outlines:

- ▶ the number of adults using special care services, including home care, reception centres or foster homes;
- ▶ a list of adults in institutional care;
- ▶ details on the type and length of placement; and
- ▶ the cost of adult care services.

Along with the monthly report, administering agencies are required to submit invoices for special purchase items for adult care.

First Nations communities that undertake special programs to promote the integration of people with physical or mental disabilities are required to submit a yearly report to DIAND outlining their activities and accomplishments [National Strategy for the Integration of Persons with Disabilities]. For more information see below and/or contact the DIAND regional office *{page 15 of the Introduction and User Guide Section}*.

### **NATIONAL STRATEGY FOR THE INTEGRATION OF PERSONS WITH DISABILITIES**

Since the start of the National Strategy for Integration of Persons with Disabilities [NSIPD] in 1991, DIAND has provided funds to First Nations to help them recognize and address the issues faced by on-reserve persons with disabilities.

First Nations receiving funding under the Strategy are required to submit yearly reports that give:

- ▶ the name of the project and a short description that outlines the purpose, planned activities, schedule, required resources and accomplishments. The report should also indicate if the project is achieved in collaboration with other federal or provincial departments or other organizations.

## **FAMILY VIOLENCE**

Since the first Family Violence Initiative in 1988, DIAND has funded the operation of various types of emergency and transitional shelters for victims of family and domestic violence on First Nations reserves. First Nations councils that receive funding under the Family Violence Initiative and related programs are required to submit yearly reports that include the following information:

- ▶ Give name of the project and a short description that outlines the original purpose, planned activities, schedule and required resources. Administering agencies should indicate if the project involved the establishment or operation of an emergency shelter under the Project Haven initiative, the payment of funds to provincial or private sector agencies for emergency shelter use by First Nations individuals and children, or the establishment of second-stage transitional housing units.
- ▶ A short description of project outcomes and accomplishments for the last fiscal year, should include the number of clients using the project.

An audited year-end financial statement is also required to show the total costs. Future allocations of family violence initiatives are dependent on the documented need for services. For more information on funding requirements and reporting guidelines, contact the DIAND regional office *{page 15 of the Introduction and User Guide Section}*.

## **OTHER SOCIAL SERVICES**

### **Community Social Service Projects**

Community Social Services Projects which is a regionally sponsored activity whereby funding is provided to First Nation communities for assessing and planning the operation of social services. Information requirements are region specific - contact the regional DIAND office.

### **Day Care Facilities/Head Start Programs**

Prior to the implementation of Human Resources Development Canada's (HRDC) Day Care Program, DIAND funded a number of Day Care Facilities on reserve in British Columbia, Alberta and Ontario regions and a Head Start Program in the Atlantic region. DIAND continues to fund these programs today. First Nation organizations receiving funding from DIAND for these programs report the following program information on an annual basis:

- ▶ Band Name and Number;
- ▶ Address of Centre(s)/Program(s) and Number of Spaces funded by DIAND;
- ▶ Total Number of Children in the Centre(s)/Program(s) during the year.



***SOCIAL DEVELOPMENT***

***FORMS\*, INSTRUCTIONS,***  
***DATA DEFINITIONS***  
***and SOURCES***

**\*THE FORMS ARE DIVIDED INTO THREE PARTS**

**PART A:**  
FIRST NATIONS FUNDED SOCIAL DEVELOPMENT ON A  
REIMBURSEMENT BASIS  
PAGE 13

**PART B:**  
FIRST NATIONS FUNDED SOCIAL DEVELOPMENT THROUGH  
ALTERNATIVE FUNDING ARRANGEMENTS (AFA)  
PAGE 35

**PART C:**  
FIRST NATIONS FUNDED SOCIAL DEVELOPMENT THROUGH  
FINANCIAL TRANSFER AGREEMENTS (FTA)  
PAGE 53



# ***SOCIAL DEVELOPMENT***

## **PART A (REIMBURSABLE)**

**FORMS TO BE SUBMITTED BY FIRST NATIONS FUNDED SOCIAL  
DEVELOPMENT ON A REIMBURSEMENT BASIS**

## **SOCIAL DEVELOPMENT**

### **SOCIAL ASSISTANCE**

### **PART A (REIMBURSABLE)**

#### **MONTHLY REPORT(S)**

First Nations councils funded social assistance on a reimbursement basis are required to submit monthly Social Assistance Monthly Program Reports that provide statistics on social assistance expenditures and participants. **The information required and deadlines for these reports will vary from region to region. Details can be provided by the DIAND regional office. Data requirements for social assistance will include:**

- ▶ The number of families, the number of people in each family, and the number of singles on social assistance;
- ▶ The various reasons why individuals and their dependents are in receipt of social assistance (e.g., reasons grouped as “Employable”, “Unemployable - Single Parent”, “Unemployable - Disabled” and “Unemployable - Other”);
- ▶ The amount of money each family receives in basic assistance;
- ▶ The amount spent on fuel costs, utilities and rent, as well as the total number of dwellings for which these services are provided through social assistance funds; and
- ▶ Details on work opportunity projects, including the number of projects, the number of people employed through projects, and the total amount of money transferred.

First Nations may be required to submit separate work opportunity project proposals and detailed reports on Projects. For more information on reporting requirements, consult with the DIAND regional office.

**NOTE:** Regions require sufficient documentation to support/authorize reimbursement to bands [i.e. data required are not limited to the above].

**CONTACT REGIONAL OFFICE FOR REPORTING  
FORMS/REQUIREMENTS**

## **SOCIAL DEVELOPMENT**

### **NATIONAL CHILD BENEFIT (NCB) REINVESTMENT ANNUAL REPORT**

**PART A (REIMBURSABLE)**

### **INSTRUCTIONS**

**DUE DATE:** The information required and deadlines for this report will vary from region to region. For more information on reporting requirements, contact the DIAND regional office.

Data requirements for the National Child Benefit (NCB) Reinvestment Initiative will include:

- ▶ the name of the First Nation or agency responsible for administering NCB reinvestment program(s) and the year for which the report is being made;
- ▶ the annual amount of funds available for reinvestment program(s);
- ▶ the name of the reinvestment program developed and, whether the program is **new** or **continuing** from a previous year. Type of reinvestment programs include child nutrition programs, readiness to learn programs, income support programs for families with children, earned income supplements for families with children, improved benefits for families on social assistance and other social services for low income families with children, such as child care, that support attachment to the workforce or alleviate poverty;
- ▶ a short description of the objectives of each program;
- ▶ a description of the results or accomplishments of the programs as compared to the original objectives; and,
- ▶ the number of families and children under the age of 18 who benefited from the NCB reinvestment program.

Counts of beneficiaries (number of families and number of children) will vary depending on the nature of reinvestment programs. For hot lunches, it may be the number of children; for training, it may be the number of families and for income supplements, both the number of families and children may be available.

**CONTACT REGIONAL OFFICE FOR REPORTING  
FORMS/REQUIREMENTS**

## **SOCIAL DEVELOPMENT**

### **CHILD AND FAMILY SERVICES MAINTENANCE REPORT**

**PART A (REIMBURSABLE)**

### **INSTRUCTIONS**

**DUE DATE:** Monthly report due the 15th day of the following month.

- ▶ **FIRST NATION AGENCY/NUMBER AND PERIOD:** Fill in the name of the band or agency responsible for administering the child and family services program. Indicate the monthly period and the year for which the report is being completed.
- ▶ **BAND NUMBER/BENEFICIARY DATA:** Insert the band number and name for each child beneficiary's in protective care. If appropriate, give the family's name [if different from the child's name] or the name of the institution responsible for the child. Indicate the beneficiary's status number and gender. Provide the parent/guardian's full name and the child's date of birth. Also, indicate the residency status of the parent/guardian.
- ▶ **STATUS/TYPE OF SERVICE:** Fill in the code to indicate both:
  - a. The beneficiary's CFS status:
    - Voluntary Care Ward (V)
    - Temporary Care Ward (T)
    - Permanent (Crown) Ward (P)
  - b. The type of care service :
    - 3100 - Institutional care
    - 3101 - Foster home
    - 3102 - Group home
- ▶ **DATES OF PLACEMENT/DEPARTURE:** Indicate the dates for the beginning of placement and departure (if the child has been discharged from care). For placements continuing from previous months, give the first day of the month as the first day of the placement. If the child is still in care at the time of the report, leave the departure date blank.
- ▶ **DAILY RATE:** Give the daily rate for the service used. If the child has been allocated other money to cover such things as clothing or travel expenses, indicate the amount in the "special fund" column.
- ▶ **NUMBER OF CARE DAYS:** Show the total number of days in the month the child has been in care. Calculate the total amount the care has cost by multiplying the total number of days by the daily rate and adding on any special fund amounts.
- ▶ **FINANCIAL SUMMARY:** Provide a detailed financial summary of children-in-care costs according to the total number of cases, total days in care and the total costs.
- ▶ Sign and date the completed form.



# CHILD AND FAMILY SERVICES MAINTENANCE REPORT - MONTHLY

## First Nations Funded Social Support Services on a Reimbursement Basis

ADMINISTERING FIRST NATION OR AGENCY

ARRANGEMENT NUMBER

PERIOD MONTH/YEAR

Band No.	Beneficiary's Name	Beneficiary's Status Number	Beneficiary's Gender	Beneficiary's Date of Birth	Residence of Parent/Guardian On Reserve [Y/N]	Parent/Guardian Name	Beneficiary's CFS Status*	Type of Service [3100, 3101, 3102] [SEE BELOW]	Date of Placement	Date of Departure	Daily Rate	Special Funds	No. of Days	Total Amount

**FINANCIAL SUMMARY**

Type of Service	Description	Total Number of Children in Care as of March 31	Total Number of Days in Care as of March 31	Total Expenses
3100	FOSTER CARE [Children]			
3101	GROUP HOME [Children]			
3102	INSTITUTIONAL CARE [Children]			

**BENEFICIARY'S CFS STATUS:** Voluntary Care Ward (V); Temporary Ward (T); Permanent (Crown) Ward (P)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **SOCIAL DEVELOPMENT**

### **CHILD AND FAMILY SERVICES OPERATIONAL REPORT**

### **PART A (REIMBURSABLE)**

#### **INSTRUCTIONS**

**DUE DATE:** Annually or twice-yearly. Contact the DIAND regional office for more information about reporting requirements.

- ▶ **BAND NAME/NUMBER/PERIOD:** Fill in the name of the band or agency responsible for administering the child and family services program. Indicate the monthly period and the year for which the report is being completed.
- ▶ **PREVENTION SERVICES:** List and describe all the prevention services offered for children and families.
- ▶ **NUMBER FAMILIES/CHILDREN:** Indicate the number of families and children served by prevention services.
- ▶ **SUPPORT SERVICES/COMMITTEES:** Indicate the number support services, committees or workshops if applicable.
- ▶ **PROTECTION SERVICES:** List and describe all the child protection services offered.
- ▶ **NUMBER OF FAMILIES/CHILDREN:** Indicate the number of families and children served by protection services.
- ▶ **FOSTER CARE/ADOPTION:** Indicate the number of foster and adoption used for the placement of on-reserve children over the last year.
- ▶ Print name, sign and date the completed form.

# CHILD AND FAMILY SERVICES OPERATIONAL REPORT

First Nations Funded Social Support Services on a Reimbursement Basis

ADMINISTERING FIRST NATION

ARRANGEMENT NUMBER

PERIOD MONTH/YEAR

1. PREVENTION SERVICES	# of Families Served	# of Children Served	2. PROTECTION SERVICES	# of Families Served	# of Children Served
<p><b>List of services provided (specify)</b></p> <p>i. _____</p> <p>ii. _____</p> <p>iii. _____</p> <p>iv. _____</p>			<p><b>a. List of services provided (specify)</b></p> <p>i. _____</p> <p>ii. _____</p> <p>iii. _____</p> <p>iv. _____</p>		
<p><b>*Complete the following only where applicable</b></p> <p><b>b. Number of local Child and Family Service Committees</b> _____</p> <p><b>c. Number of Elders Committee(s)/ Consultation/ Meetings</b> _____</p> <p><b>d. Number of Public Information/ Education/Workshops</b> _____</p>			<p><b>b. Number of Foster Care Homes</b> _____</p> <p><b>c. Number of Adoption Homes</b> _____</p>		

NAME

TITLE

SIGNATURE

DATE

## **SOCIAL DEVELOPMENT**

### **ADULT SERVICES REPORT**

**PART A (REIMBURSABLE)**

### **INSTRUCTIONS**

**DUE DATE:** Monthly report due on the 15th day of the following month.

- ▶ **BAND NAME/NUMBER/PERIOD:** Fill in the name of the band or agency responsible for administering the adult care program. Indicate the monthly period and the year for which the report is being completed.
- ▶ **BAND/BENEFICIARY INFORMATION:** Insert the band number and name status number, gender and date of birth for each adult presently in care. If appropriate, give the family's name [if different from the name of the adult] or the name of the institution responsible for that person.
- ▶ **PARENT/GUARDIAN:** Provide the parent/guardian's full name, for the adult in care.
- ▶ **DATES PLACEMENT/DEPARTURE:** Indicate the dates for the beginning of placement and departure [if the adult has been released from care or will no longer require services]. For placements continuing from previous months, give the first day of the month as the first day of the placement. If the adult is still receiving services at the time of the report, leave the departure date blank.
- ▶ **TYPE OF SERVICE:** Fill in the code to indicate the type of care service:
  - 3115 - Home care
  - 3116 - Institutional care
  - 3118 - Foster home
- ▶ **DAILY RATE:** Give the daily rate for the services used. If the adult in care has been allocated other money to cover such things as clothing or travel expenses, indicate the amount in the "special fund" column.
- ▶ **NUMBER OF DAYS:** Show the total number of days in the month the adult has been in care. Calculate the total amount the care has cost by multiplying the total number of days by the daily rate and adding on any special fund amounts.
- ▶ **RECIPIENT/DATA SUMMARY:** Provide a summary of adult care recipient data according to the total number of cases, hours and days in care.
- ▶ Sign and date the completed form.

# ADULT SERVICES ANNUAL REPORT

## First Nations Funded Social Support Services on a Reimbursement Basis

ADMINISTERING FIRST NATION OR AGENCY	ARRANGEMENT NUMBER
--------------------------------------	--------------------

PERIOD MONTH/YEAR

Band No.	Beneficiary's Name	Beneficiary's Status Number	Beneficiary's Gender	Beneficiary's Date of Birth	Name of Family or Institution [If Appropriate]	Parent/Guardian's Name	Parent/Guardian's Status Number	Type of Service [3115, 3116, 3118] [SEE BELOW]	Date Beginning Placement	Date of Departure	Daily Rate	Special Funds	No. of Days	Total Amount

### RECIPIENT/DATA SUMMARY

Service	Description	Total Number of Recipients in Care as of March 31	Total Number of Days (Annual Cumulative) as of March 31
3115	<b>HOME CARE SERVICES</b>		
	Homemakers Services Other In-home Care Services		
3116	<b>INSTITUTIONAL CARE</b>		
	Type I On-Reserve		
	Type I Off-Reserve		
	Type II On-Reserve Type II Off-Reserve		
3118	<b>FOSTER CARE</b>		
	On-Reserve Off-Reserve		

NAME

TITLE

SIGNATURE

DATE

## **SOCIAL DEVELOPMENT**

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### **NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES ANNUAL REPORT**

**PART A (REIMBURSABLE)**

#### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. Reports have to be sent to regional office.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is being made.
- ▶ **BAND NAME/NUMBER:** Fill out the name and number of the First Nation band or organization overseeing the project.
- ▶ **PROJECT NAME:** Give the name of the project. Fill out a separate report for each initiative.
- ▶ **PROJECT OBJECTIVES:** Provide a short description of the objectives of the original project, including specific objectives. List the planned activities, the proposed schedule and the resources required to carry out each activity. List all departments and/or organizations taking part in the project.
- ▶ **PROJECT COSTS:** Indicate the overall cost of the project; if the project is achieved in collaboration with other departments or organizations, identify each partner's financial contribution.
- ▶ **PROJECT RESULTS/ACCOMPLISHMENTS:** Provide a description of the results or accomplishments of the project as compared to the original project plan. Include information on whether the original purpose was met, which activities were carried out and any changes to the original schedule or resource requirements.
- ▶ The person preparing the form should sign and date it when completed.

**ANNUAL REPORT**  
**NATIONAL STRATEGY FOR INTEGRATION OF PERSONS**  
**WITH DISABILITIES**  
**First Nations Funded Social Support Services on a Reimbursement Basis**

FOR THE YEAR \_\_\_\_\_

---

FIRST NATION NAME

FIRST NATION NUMBER

---

REGION

---

NAME OF PROJECT

---

OBJECTIVES OF THE PROJECT (List all activities, schedule, resources, other departments and/or organizations taking part in the project)

---

COSTS

---

RESULTS OR ACCOMPLISHMENTS OF PROJECT

---

PREPARED BY

TITLE

DATE

---

SIGNATURE

## **SOCIAL DEVELOPMENT**

### **FAMILY VIOLENCE PROJECTS ANNUAL REPORT**

**PART A (REIMBURSABLE)**

### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. For more information on reporting deadlines, contact the DIAND regional office.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is being made, and the name and number of the band overseeing the project.
- ▶ **PROJECT NAME:** Give the name of the project. Fill out a separate report for each initiative, such as Project Haven emergency shelter, use of emergency shelters run by private or provincial agencies, or second-stage transitional funding. Indicate whether the project is new or continuing from a previous year.
- ▶ **PROJECT PURPOSE/ACTIVITIES/SCHEDULE/RESOURCES:** Provide a short description of the purpose of the original project, including specific objectives. List the planned activities, the proposed schedule and the resources required to carry out each activity.
- ▶ **PROJECT RESULTS/ACCOMPLISHMENTS:** Provide a description of the results or accomplishments of the project compared to the original project plan. Include information on whether the original purpose was met, which activities were carried out and any changes to the original schedule or resource requirements. Give information on how many people benefited from the project, including the number of women and children who used the services provided.
- ▶ The person preparing the form should sign and date it when completed.





## **SOCIAL DEVELOPMENT**

### **FAMILY VIOLENCE SHELTERS ANNUAL REPORT**

**PART A (REIMBURSABLE)**

#### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. For more information on reporting deadlines, contact the DIAND regional office.

- ▶ **YEAR/NAME & NUMBER OF BAND:** Fill out the year for which the report is being made, and the name and number of the band overseeing the project.
- ▶ **SHELTER NAME:** Give the name of the shelter and indicate if it is a Project Haven shelter or an Other Emergency shelter run by private or provincial agencies. Fill out a report for each shelter.
- ▶ **START-UP DATE/UNITS:** Show the total number of units and beds for each shelter. Indicate the shelter's operating date and the number of bands that were served.
- ▶ **ACTUAL/PROJECTED NUMBERS:** Show the actual and projected total number of families and persons receiving shelter and the total number of nights that family members remained in the shelter. Indicate the number of persons who received information or counselling but who did not stay overnight.
- ▶ **START-UP COST:** Show the start-up cost of the shelter [this is a one-time cost associated with setting up the shelter]. Also show the shelter's total annual operating costs.
- ▶ Sign and date the form when completed.



# FAMILY VIOLENCE SHELTERS

## ANNUAL REPORT

### First Nations Funded Social Support on a Reimbursement Basis

FISCAL YEAR \_\_\_\_\_

FIRST NATION NAME _____
FIRST NATION NUMBER _____

PROJECT HAVEN SHELTER <input type="checkbox"/> OR OTHER EMERGENCY SHELTER <input type="checkbox"/>
NAME OF SHELTER _____

4. Actual or estimated START-UP date	____/____/____
5. Total number of units in each shelter	_____
6. Total number of beds for all units in each shelter	_____
7. Total number of Bands served by shelter	_____

	ACTUAL	PROJECTED
8. Total number of families receiving shelter		
9. Total number of persons receiving shelter		
10. Total number of nights spent in shelter		
11. Total number of persons receiving information or counselling but who did not stay overnight		

1. START-UP COST [One-time cost associated with setting up the shelter]	
2. TOTAL ANNUAL PROJECT COSTS	

---

NAME \_\_\_\_\_
TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_
DATE \_\_\_\_\_

## **SOCIAL DEVELOPMENT**

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### **COMMUNITY SOCIAL SERVICES PROJECTS**

**PART A (REIMBURSABLE)**

### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31.

- ▶ Community Social Services Projects is a regionally sponsored activity whereby funding is provided to First Nation communities for assessing and planning the operation of social services. Information requirements are region specific. Contact the DIAND regional office.

**COMMUNITY SOCIAL SERVICES PROJECTS**  
**Reports are region specific.**

**\*Contact your DIAND regional office.**

**SOCIAL DEVELOPMENT**  
**DAY CARE FACILITIES/  
HEAD START PROGRAM**  
**ANNUAL REPORT**

---

**PART A (REIMBURSABLE)**

**INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is made, and the name and number of the band responsible for administering the day care facility/Head Start program.
- ▶ **NUMBER OF CENTRE(S)/ADDRESS:** Show the total number of Day Care centres or Head Start programs and day care places funded by DIAND. Also show the total number of children in day care/program during the year. Provide the complete mailing address for each Day Care centre or Head Start Program.
- ▶ Sign and date the completed form.



**DAY CARE FACILITIES/  
HEAD START PROGRAM  
ANNUAL REPORT**

**First Nations Funded Social Support on a Reimbursement Basis**

FISCAL YEAR \_\_\_\_\_

FIRST NATION NAME _____
FIRST NATION NUMBER _____

Day Care Centre/Head Start Program Name and Complete Address:

1. Total number of day care centres or programs funded by DIAND	_____
2. Total number of day care places funded by DIAND	_____
3. Total number of children served in day care during the year	_____

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





# ***SOCIAL DEVELOPMENT***

## **PART B (FIXED VOLUME AFA)**

**FORMS TO BE SUBMITTED BY FIRST NATIONS FUNDED  
SOCIAL DEVELOPMENT  
THROUGH FIXED VOLUME AFA**

## **SOCIAL DEVELOPMENT**

### **SOCIAL ASSISTANCE ANNUAL REPORT**

**PART B (FIXED VOLUME AFA)**

### **INSTRUCTIONS**

- ▶ **BASIC NEEDS/REASONS FOR REQUIRING ASSISTANCE:** Fill in the annual monthly average of the number of eligible families receiving social assistance by reason, the number of persons in families receiving SA by reason and the number of singles receiving SA by reason. Reasons are

1. Employable
2. Unemployable - Single Parent
3. Unemployable - Disabled
4. Unemployable - Other

(Note: Annual Monthly Average = the total annual social assistance cases divided by 12, where the cases are expressed in full monthly equivalents, e.g., count the case if the recipient is receiving social assistance for more than 14 days otherwise do not count the case. Note: Exceptional circumstances do not apply to this definition. Please contact your regional office and note accordingly in the submission).

- ▶ **JOB CREATION/WORK OPPORTUNITY PROGRAM:**

**PERSON MONTHS OF EMPLOYMENT:** Fill in the number of person-months of employment created which is the total number of person months of training and/or employment under Social Assistance Transfer (e.g., Work Opportunity Program and/or ICHRS) for Social Assistance recipients (not beneficiaries).

**DOLLARS TRANSFERRED:** Complete the total annual amount of funds transferred from Basic Needs to Social Assistance Transfer initiatives.

**NUMBER OF PROJECTS:** Complete the annual total number of social assistance work/training projects approved.

- ▶ **NUMBER OF CHILDREN OUT OF PARENTAL HOME:** Complete the annual average monthly number of children out of parental home.
- ▶ Sign and date the completed form.

# SOCIAL ASSISTANCE ANNUAL REPORT

## First Nations Funded Social Support Services Through Fixed Volume AFA

FOR THE YEAR \_\_\_\_\_

FIRST NATION NAME	FIRST NATION NUMBER
-------------------	---------------------

### SOCIAL ASSISTANCE - BASIC NEEDS

Annual Monthly Average Social Assistance Recipients by Reason for Requiring Assistance:

REASONS FOR RECEIVING SA	ON RESERVE			OFF RESERVE (ON. & NS ONLY)		
	Annual Monthly Average No. of Families Receiving SA	Annual Monthly Average No. of Persons in Families Receiving SA	Annual Monthly Average No. of Singles Receiving SA	Annual Monthly Average No. of Families Receiving SA	Annual Monthly Average No. of Persons in Families Receiving SA	Annual Monthly Average No. of Singles Receiving SA
1. Employable						
2. Unemployable - Single Parent			N/A			N/A
3. Unemployable -Disabled						
4. Unemployable -Other						
<b>TOTALS</b>						

(Note: Annual Monthly Average - Total annual caseload divided by 12, where the caseload is expressed in monthly equivalents, e.g., if on SA for more than 14 days include the recipient in count otherwise do not.)

### JOB CREATION UNDER THE WORK OPPORTUNITY PROGRAM (WOP)

	TOTAL NUMBER
1. Person Months of Employment Created	
2. Dollars Transferred to S.A.T. Initiative	
3. Projects	

### CHILDREN OUT OF PARENTAL HOME

	TOTAL NUMBER
1. Children Out of Parental Home (COPH)	

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **SOCIAL DEVELOPMENT**

### **NATIONAL CHILD BENEFIT (NCB) REINVESTMENT ANNUAL REPORT**

**PART B (FIXED VOLUME AFA)**

## **INSTRUCTIONS**

Complete one report for each reinvestment program developed

**DUE DATE:** Due date to be specified by the region. For more information on reporting requirements, contact the DIAND regional office.

- ▶ **FIRST NATION NAME/NUMBER/PERIOD:** Fill in the name of the First Nation or agency responsible for administering NCB reinvestment program(s) and the year for which the report is being made.
- ▶ **ANNUAL AMOUNT OF THE REINVESTMENT FUND:** Indicate the annual amount of funds available for reinvestment program(s).
- ▶ **NAME OF REINVESTMENT PROGRAM(S) DEVELOPED:** Provide name of the type of reinvestment program developed and indicate whether the program is **new** or **continuing** from a previous year. Type of reinvestment programs include child nutrition programs, readiness to learn programs, income support programs for families with children, earned income supplements for families with children, improved benefits for families on social assistance and other social services for low income families with children, such as child care, that support attachment to the workforce or alleviate poverty.
- ▶ **PURPOSE OF PROGRAM:** Provide a short description of the objectives of each program.
- ▶ **RESULTS OR ACCOMPLISHMENTS OF PROGRAM:** Provide a description of the results or accomplishments of the program as compared to the original objectives.
- ▶ **NUMBER OF FAMILIES AND CHILDREN:** Provide the number of families and children under the age of 18 who benefited from NCB reinvestment program.

Counts of beneficiaries (number of families and number of children) will vary depending on the nature of reinvestment programs. For hot lunches, it may be the number of children; for training, it may be just have the number of families and for income supplements, both the number of families and children may be available.

- ▶ The person preparing the form should sign and date it when completed.



## **SOCIAL DEVELOPMENT**

### **ADULT SERVICES ANNUAL REPORT**

### **PART B (FIXED VOLUME AFA)**

#### **INSTRUCTIONS**

**DUE DATE:** Due May 30th for the previous fiscal year ending March 31.

- ▶ **BAND NAME/NUMBER/PERIOD:** Fill in the name of the band or agency responsible for administering the adult care program. Indicate the monthly period and the year for which the report is being completed.
- ▶ **BAND/BENEFICIARY INFORMATION:** Insert the band number, name, status number, gender and date of birth for each adult presently in care. If appropriate, give the family's name [if different from the name of the adult] or the name of the institution responsible for that person.
- ▶ **PARENT/GUARDIAN:** Provide the parent/guardian's full name, for the adult in care.
- ▶ **DATES PLACEMENT/DEPARTURE:** Indicate the dates for the beginning of placement and departure [if the adult has been released from care or will no longer require services]. For placements continuing from previous months, give the first day of the month as the first day of the placement. If the adult is still receiving services at the time of the report, leave the departure date blank.
- ▶ **TYPE OF SERVICE:** Fill in the code to indicate the type of care service:
  - 3115 - Home care
  - 3116 - Institutional care
  - 3118 - Foster home
- ▶ **DAILY RATE:** Give the daily rate for the services used. If the adult in care has been allocated other money to cover such things as clothing or travel expenses, indicate the amount in the "special fund" column.
- ▶ **NUMBER OF DAYS:** Show the total number of days in the month the adult has been in care. Calculate the total amount the care has cost by multiplying the total number of days by the daily rate and adding on any special fund amounts.
- ▶ **RECIPIENT/DATA SUMMARY:** Provide a summary of adult care recipient data according to the total number of cases, hours and days in care.
- ▶ Sign and date the completed form.

# ADULT SERVICES ANNUAL REPORT

## First Nations Funded Social Support Services Through Fixed Volume AFA

ADMINISTERING FIRST NATION OR AGENCY ARRANGEMENT NUMBER

PERIOD MONTH/YEAR

Band No.	Beneficiary's Name	Beneficiary's Status Number	Beneficiary's Gender	Beneficiary's Date of Birth	Name of Family or Institution [If Appropriate]	Parent/Guardian's Name	Parent/Guardian's Status Number	Type of Service [3115, 3116, 3118] [SEE BELOW]	Date Beginning Placement	Date of Departure	Daily Rate	Special Funds	No. of Days	Total Amount

### RECIPIENT/DATA SUMMARY

Service	Description	Total Number of Recipients in Care as of March 31	Total Number of Days (Annual Cumulative) as of March 31
3115	<b>HOME CARE SERVICES</b>		
	Homemakers Services Other In-home Care Services		
3116	<b>INSTITUTIONAL CARE</b>		
	Type I On-Reserve		
	Type I Off-Reserve		
	Type II On-Reserve Type II Off-Reserve		
3118	<b>FOSTER CARE</b>		
	On-Reserve Off-Reserve		

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **SOCIAL DEVELOPMENT**

# **NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES ANNUAL REPORT**

**PART B (FIXED VOLUME AFA)**

## **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. Reports have to be sent to regional office.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is being made, and the name and number of the band overseeing the project.
- ▶ **PROJECT NAME:** Give the name of the project. Fill out a separate report for each initiative.
- ▶ **PROJECT OBJECTIVES:** Provide a short description of the objectives of the original project, including specific objectives. List the planned activities, the proposed schedule and the resources required to carry out each activity. List all departments and/or organizations taking part in the project.
- ▶ **PROJECT COSTS:** Indicate the overall cost of the project; if the project is achieved in collaboration with other departments or organizations, identify each partner's financial contribution.
- ▶ **PROJECT RESULTS/ACCOMPLISHMENTS:** Provide a description of the results or accomplishments of the project as compared to the original project plan. Include information on whether the original purpose was met, which activities were carried out and any changes to the original schedule or resource requirements.
- ▶ The person preparing the form should sign and date it when completed.





Indian and Northern Affairs Canada  
Affaires Indiennes et du Nord Canada

# ANNUAL REPORT

## NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES

### First Nations Funded Social Support Services through fixed volume AFA

FOR THE YEAR \_\_\_\_\_

FIRST NATION NAME	FIRST NATION NUMBER
-------------------	---------------------

REGION

NAME OF PROJECT

OBJECTIVES OF THE PROJECT (List all activities, schedule, resources, other departments and/or organizations taking part in the project)

COSTS

RESULTS OR ACCOMPLISHMENTS OF PROJECT

PREPARED BY	TITLE	DATE
-------------	-------	------

SIGNATURE

## **SOCIAL DEVELOPMENT**

### **FAMILY VIOLENCE PROJECTS ANNUAL REPORT**

**PART B (FIXED VOLUME AFA)**

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### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. For more information on reporting deadlines, contact the DIAND regional office.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is being made, and the name and number of the band overseeing the project.
- ▶ **PROJECT NAME:** Give the name of the project. Fill out a separate report for each initiative, such as Project Haven emergency shelter, use of emergency shelters run by private or provincial agencies, or second-stage transitional funding. Indicate whether the project is new or continuing from a previous year.
- ▶ **PROJECT PURPOSE/ACTIVITIES/SCHEDULE/RESOURCES:** Provide a short description of the purpose of the original project, including specific objectives. List the planned activities, the proposed schedule and the resources required to carry out each activity.
- ▶ **PROJECT RESULTS/ACCOMPLISHMENTS:** Provide a description of the results or accomplishments of the project compared to the original project plan. Include information on whether the original purpose was met, which activities were carried out and any changes to the original schedule or resource requirements. Give information on how many people benefited from the project, including the number of women and children who used the services provided.
- ▶ The person preparing the form should sign and date it when completed.



## **SOCIAL DEVELOPMENT**

### **FAMILY VIOLENCE SHELTERS ANNUAL REPORT**

**PART B (FIXED VOLUME AFA)**

### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. For more information on reporting deadlines, contact the DIAND regional office.

- ▶ **YEAR/NAME & NUMBER OF BAND:** Fill out the year for which the report is being made, and the name and number of the band overseeing the project.
- ▶ **SHELTER NAME:** Give the name of the shelter and indicate if it is a Project Haven shelter or an Other Emergency shelter run by private or provincial agencies. Fill out a report for each shelter.
- ▶ **START-UP DATE/UNITS:** Show the total number of units and beds for each shelter. Indicate the shelter's operating date and the number of bands that were served.
- ▶ **ACTUAL/PROJECTED NUMBERS:** Show the actual and projected total number of families and persons receiving shelter and the total number of nights that family members remained in the shelter. Indicate the number of persons who received information or counselling but who did not stay overnight.
- ▶ **START-UP COST:** Show the start-up cost of the shelter [this is a one-time cost associated with setting up the shelter]. Also show the shelter's total annual operating costs.
- ▶ Sign and date the form when completed.

# FAMILY VIOLENCE SHELTERS

## ANNUAL REPORT

### First Nations Funded Social Support Through Fixed volume AFA

FISCAL YEAR \_\_\_\_\_

FIRST NATION NAME _____
FIRST NATION NUMBER _____

PROJECT HAVEN SHELTER <input type="checkbox"/> <b>OR</b> OTHER EMERGENCY SHELTER <input type="checkbox"/>
NAME OF SHELTER _____

1. Actual or estimated START-UP date	___ / ___ / ___
2. Total number of units in each shelter	_____
3. Total number of beds for all units in each shelter	_____
4. Total number of Bands served by shelter	_____

	ACTUAL	PROJECTED
1. Total number of families receiving shelter		
2. Total number of persons receiving shelter		
3. Total number of nights spent in shelter		
4. Total number of persons receiving information or counselling but who did not stay overnight		

1. START-UP COST [One-time cost associated with setting up the shelter]	
2. TOTAL ANNUAL PROJECT COSTS	

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **SOCIAL DEVELOPMENT**

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### **COMMUNITY SOCIAL SERVICES PROJECTS**

**PART B (FIXED VOLUME AFA)**

### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31.

- ▶ Community Social Services Projects is a regionally sponsored activity whereby funding is provided to First Nation communities for assessing and planning the operation of social services. Information requirements are region specific. Contact the DIAND regional office.

**COMMUNITY SOCIAL SERVICES PROJECTS**  
**Reports are region specific.**

**\*Contact your DIAND regional office.**

**SOCIAL DEVELOPMENT**  
**DAY CARE FACILITIES/  
HEAD START PROGRAM**  
**ANNUAL REPORT**

---

**PART B (FIXED VOLUME AFA)**

**INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is made, and the name and number of the band responsible for administering the day care facility/Head Start program.
- ▶ **NUMBER OF CENTRE(S)/ADDRESS:** Show the total number of Day Care centres or Head Start programs and day care places funded by DIAND. Also show the total number of children in day care/program during the year. Provide the complete mailing address for each Day Care centre or Head Start program.
- ▶ Sign and date the completed form.



**DAY CARE FACILITIES/  
HEAD START PROGRAM  
ANNUAL REPORT**

**First Nations Funded Social Support Through Fixed Volume AFA**

FISCAL YEAR \_\_\_\_\_

FIRST NATION NAME _____
FIRST NATION NUMBER _____

Day Care Centre/Head Start Program Name and Complete Address:

1. Total number of day care centres or programs funded by DIAND	_____
2. Total number of day care places funded by DIAND	_____
3. Total number of children served in day care during the year	_____

---

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# ***SOCIAL DEVELOPMENT***

## **PART C (FTA)**

**FORMS TO BE SUBMITTED BY FIRST NATIONS FUNDED  
SOCIAL DEVELOPMENT  
THROUGH FIXED VOLUME FTA**

## **SOCIAL DEVELOPMENT**

### **SOCIAL ASSISTANCE ANNUAL REPORT**

### **PART C (FIXED VOLUME FTA)**

## **INSTRUCTIONS**

- ▶ **BASIC NEEDS/REASONS FOR REQUIRING ASSISTANCE:** Fill in the annual monthly average of the number of eligible families receiving social assistance by reason, the number of persons in families receiving SA by reason and the number of singles receiving SA by reason. Reasons are

1. Employable
2. Unemployable - Single Parent
3. Unemployable - Disabled
4. Unemployable - Other

(Note: Annual Monthly Average = the total annual social assistance cases divided by 12, where the cases are expressed in full monthly equivalents, e.g., count the case if the recipient is receiving social assistance for more than 14 days otherwise do not count the case. Note: Exceptional circumstances do not apply to this definition. Please contact your regional office and note accordingly in the submission.)

- ▶ **JOB CREATION/WORK OPPORTUNITY PROGRAM:**

**PERSON MONTHS OF EMPLOYMENT:** Fill in the number of person-months of employment created which is the total number of person months of training and/or employment under Social Assistance Transfer (e.g., Work Opportunity Program and/or ICHRS) for Social Assistance recipients (not beneficiaries).

**DOLLARS TRANSFERRED:** Complete the total annual amount of funds transferred from Basic Needs to Social Assistance Transfer initiatives.

**NUMBER OF PROJECTS:** Complete the annual total number of social assistance work/training projects approved.

- ▶ **NUMBER OF CHILDREN OUT OF PARENTAL HOME:** Complete the annual average monthly number of children out of parental home.
- ▶ Sign and date the completed form.

# SOCIAL ASSISTANCE ANNUAL REPORT

## First Nations Funded Social Support Services Through Fixed Volume FTA

FOR THE YEAR \_\_\_\_\_

FIRST NATION NAME	FIRST NATION NUMBER
-------------------	---------------------

### SOCIAL ASSISTANCE - BASIC NEEDS

Annual Monthly Average Social Assistance Recipients by Reason for Requiring Assistance:

REASONS FOR RECEIVING SA	ON RESERVE			OFF RESERVE (ON. & NS ONLY)		
	Annual Monthly Average No. of Families Receiving SA	Annual Monthly Average No. of persons in Families Receiving SA	Annual Monthly Average No. of Singles Receiving SA	Annual Monthly Average No. of Families Receiving SA	Annual Monthly Average No. of persons in Families Receiving SA	Annual Monthly Average No. of Singles Receiving SA
1. Employable						
2. Unemployable - Single Parent			N/A			N/A
3. Unemployable -Disabled						
4. Unemployable -Other						
TOTALS						

{Note: Annual Monthly Average - Total annual caseload divided by 12, where the caseload is expressed in monthly equivalents, e.g., if on SA for more than 14 days include the recipient in the count otherwise do not.}

### JOB CREATION UNDER THE WORK OPPORTUNITY PROGRAM (WOP)

	TOTAL NUMBER
1. Person Months of Employment Created	
2. Dollars Transferred to S.A.T. Initiative	
3. Projects	

### CHILDREN OUT OF PARENTAL HOME

	TOTAL NUMBER
1. Children Out of Parental Home (COPH)	

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **SOCIAL DEVELOPMENT**

---

### **NATIONAL CHILD BENEFIT (NCB)                      PART C (FIXED VOLUME FTA) REINVESTMENT ANNUAL REPORT**

#### **INSTRUCTIONS**

Complete one report for each reinvestment program developed.

**DUE DATE:** Due date to be specified by the region. For more information on reporting requirements, contact the DIAND regional office.

- ▶ **FIRST NATION NAME/NUMBER/PERIOD:** Fill in the name of the First Nation or agency responsible for administering NCB reinvestment program(s) and the year for which the report is being made.
- ▶ **ANNUAL AMOUNT OF THE REINVESTMENT FUND:** Indicate the annual amount of funds available for reinvestment program(s).
- ▶ **NAME OF REINVESTMENT PROGRAM(S) DEVELOPED:** Provide name of the type of reinvestment program developed and indicate whether the program is **new** or **continuing** from a previous year. Type of reinvestment programs include child nutrition programs, readiness to learn programs, income support programs for families with children, earned income supplements for families with children, improved benefits for families on social assistance and other social services for low income families with children, such as child care, that support attachment to the workforce or alleviate poverty.
- ▶ **PURPOSE OF PROGRAM:** Provide a short description of the objectives of each program.
- ▶ **RESULTS OR ACCOMPLISHMENTS OF PROGRAM:** Provide a description of the results or accomplishments of the program as compared to the original objectives.
- ▶ **NUMBER OF FAMILIES AND CHILDREN:** Provide the number of families and children under the age of 18 who benefited from NCB reinvestment program.

Counts of beneficiaries (number of families and number of children) will vary depending on the nature of reinvestment programs. For hot lunches, it may be the number of children; for training, it may be the number of families and for income supplements, both the number of families and children may be available.

- ▶ The person preparing the form should sign and date it when completed.



## **SOCIAL DEVELOPMENT**

### **CHILD AND FAMILY SERVICES MAINTENANCE REPORT**

**PART C (FIXED VOLUME FTA)**

#### ***INSTRUCTIONS: REPORTING IS APPLICABLE ONLY IN CASES WHERE FTA PILOT PROJECTS HAVE BEEN APPROVED.***

**DUE DATE:** The 15th day of the following month.

- ▶ **FIRST NATION AGENCY/NUMBER AND PERIOD:** Fill in the name of the band or agency responsible for administering the child and family services program. Indicate the monthly period and the year for which the report is being completed.
- ▶ **BAND NUMBER/BENEFICIARY DATA:** Insert the band number and name for each child beneficiary's in protective care. If appropriate, give the family's name [if different from the child's name] or the name of the institution responsible for the child. Indicate the beneficiary's status number and gender. Provide the parent/guardian's full name and the child's date of birth. Also, indicate the residency status of the parent/guardian.
- ▶ **STATUS/TYPE OF SERVICE:** Fill in the code to indicate:
  - a. The beneficiary's CFS status:
    - Voluntary Care Ward (V)
    - Temporary Care Ward (T)
    - Permanent (Crown) Ward (P)
  - b. The type of care service:
    - 3100 - Institutional care
    - 3101 - Foster home
    - 3102 - Group home
- ▶ **DATES OF PLACEMENT/DEPARTURE:** Indicate the dates for the beginning of placement and departure (if the child has been discharged from care). For placements continuing from previous months, give the first day of the month as the first day of the placement. If the child is still in care at the time of the report, leave the departure date blank.
- ▶ **DAILY RATE:** Give the daily rate for the service used. If the child has been allocated other money to cover such things as clothing or travel expenses, indicate the amount in the "special fund" column.
- ▶ **NUMBER OF CARE DAYS:** Show the total number of days in the month the child has been in care. Calculate the total amount the care has cost by multiplying the total number of days by the daily rate and adding on any special fund amounts.
- ▶ **FINANCIAL SUMMARY:** Provide a detailed financial summary of children in-care costs according to the total number of cases, total days in care and the total costs.
- ▶ Sign and date the completed form.



**(REPORTING IS APPLICABLE ONLY IN CASES WHERE FTA PILOT PROJECTS HAVE BEEN APPROVED)**

## CHILD AND FAMILY SERVICES MAINTENANCE REPORT

### First Nations Funded Social Development Through Fixed Volume FTA

<b>ADMINISTERING FIRST NATION OR AGENCY</b>	<b>ARRANGEMENT NUMBER</b>
---	---------------------------

**PERIOD MONTH/YEAR**

Beneficiary's Status Number	Beneficiary's Gender	Beneficiary's Date of Birth	Residence of Parent/Guardian On Reserve [Y/N]	Beneficiary's CFS Status*	Type of Service [3100, 3101, 3102] [SEE BELOW]	Length of Time in Foster Care	Length of Time in Group Home	Length of Time in Institutional Care	Beneficiary's Daily Rate	Beneficiary's Special Funds	No. of Days	Beneficiary's Total Cost of Services Rendered

**FINANCIAL SUMMARY**

Type of Service	Description	Total Number of Children in care as of March 31	Total Number of Days in Care as of March 31	Total Expenses
3100	FOSTER CARE [Children]			
3101	GROUP HOME [Children]			
3102	INSTITUTIONAL CARE [Children]			

\*Beneficiary's CFS Status: Voluntary Care Ward (V); Temporary Ward (T); Permanent (Crown) Ward (P)

NAME	TITLE
SIGNATURE	DATE

## **SOCIAL DEVELOPMENT**

### **CHILD AND FAMILY SERVICES OPERATIONAL REPORT**

**PART C (FIXED VOLUME FTA)**

#### ***INSTRUCTIONS: REPORTING IS APPLICABLE ONLY IN CASES WHERE FTA PILOT PROJECTS HAVE BEEN APPROVED.***

**DUE DATE:** Annually or twice-yearly. Contact the DIAND regional office for more information about reporting requirements.

- ▶ **BAND NAME/NUMBER/PERIOD:** Fill in the name of the band or agency responsible for administering the child and family services program. Indicate the monthly period and the year for which the report is being completed.
- ▶ **PREVENTION SERVICES:** List and describe all the prevention services offered for children and families.
- ▶ **NUMBER FAMILIES/CHILDREN:** Indicate the number of families and children served by prevention services.
- ▶ **SUPPORT SERVICES/COMMITTEES:** Indicate the number support services, committees or workshops if applicable.
- ▶ **PROTECTION SERVICES:** List and describe all the child protection services offered.
- ▶ **NUMBER OF FAMILIES/CHILDREN:** Indicate the number of families and children served by protection services.
- ▶ **FOSTER CARE/ADOPTION:** Indicate the number of foster and adoption used for the placement of on-reserve children over the last year.
- ▶ Print name, sign and date the completed form.

**(REPORTING IS APPLICABLE ONLY IN CASES WHERE FTA PILOT PROJECTS HAVE BEEN APPROVED)**  
**CHILD AND FAMILY SERVICES**  
**OPERATIONAL REPORT**

First Nations Funded Social Support Services through FTA

ADMINISTERING FIRST NATION	ARRANGEMENT NUMBER
----------------------------	--------------------

PERIOD MONTH/YEAR

1. PREVENTION SERVICES	# Of Families Served	# Of Children Served	2. PROTECTION SERVICES	# Of Families Served	# Of Children Served
<b>List of services provided (specify)</b> i. _____ ii. _____ iii. _____ iv. _____			<b>a. List of services provided (specify)</b> i. _____ ii. _____ iii. _____ iv. _____		
<b>*Complete the following only where applicable</b>					
<b>b. Number of local Child and Family Service Committees</b>	_____		<b>b. Number of Foster Care Homes</b>	_____	
<b>c. Number of Elders Committee(s)/ Consultation/ Meetings</b>	_____		<b>c. Number of Adoption Homes</b>	_____	
<b>d. Number of Public Information/ Education/Workshops</b>	_____				

NAME	TITLE
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SIGNATURE	DATE
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## **SOCIAL DEVELOPMENT**

### **ADULT SERVICES REPORT**

**PART C (FIXED VOLUME FTA)**

### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31.

- ▶ **BAND NAME/NUMBER/PERIOD:** Fill in the name of the band or agency responsible for administering the adult care program. Indicate the monthly period and the year for which the report is being completed.
- ▶ **BENEFICIARY INFORMATION:** Insert the beneficiary's status number, gender and date of birth for each adult presently in care.
- ▶ **RECIPIENT/DATA SUMMARY:** Provide a summary of adult care recipient data according to the total number of cases, hours and days in care.
- ▶ Sign and date the completed form.

# ADULT SERVICES REPORT - ANNUAL

## First Nations Funded Social Support Services Through FTA

ADMINISTERING FIRST NATION OR AGENCY

ARRANGEMENT NUMBER

PERIOD MONTH/YEAR

Beneficiary's Status Number	Beneficiary's Gender	Beneficiary's Date of Birth

**RECIPIENT/DATA SUMMARY**

Service	Description	Total Number of Recipients in Care as of March 31	Total Number of Days (Annual Cumulative) as of March 31
3115	<b>HOME CARE SERVICES</b>		
	Homemakers Services Other In-home Care Services		
3116	<b>INSTITUTIONAL CARE</b>		
	Type I On-Reserve		
	Type I Off-Reserve		
	Type II On-Reserve		
	Type II Off-Reserve		
3118	<b>FOSTER CARE</b>		
	On-Reserve Off-Reserve		

NAME

TITLE

SIGNATURE

DATE

**SOCIAL DEVELOPMENT**  
**NATIONAL STRATEGY FOR**  
**INTEGRATION OF PERSONS WITH**  
**DISABILITIES ANNUAL REPORT**

**PART C (FIXED VOLUME FTA)**

**INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. Reports have to be sent to regional office.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is being made.
- ▶ **BAND NAME/NUMBER:** Fill out the name and number of the First Nation band or organization overseeing the project.
- ▶ **PROJECT NAME:** Give the name of the project. Fill out a separate report for each initiative.
- ▶ **PROJECT OBJECTIVES:** Provide a short description of the objectives of the original project, including specific objectives. List the planned activities, the proposed schedule and the resources required to carry out each activity. List all departments and/or organizations taking part in the project.
- ▶ **PROJECT COSTS:** Indicate the overall cost of the project; if the project is achieved in collaboration with other departments or organizations, identify each partner's financial contribution.
- ▶ **PROJECT RESULTS/ACCOMPLISHMENTS:** Provide a description of the results or accomplishments of the project as compared to the original project plan. Include information on whether the original purpose was met, which activities were carried out and any changes to the original schedule or resource requirements.
- ▶ The person preparing the form should sign and date it when completed.

**ANNUAL REPORT**  
**NATIONAL STRATEGY FOR INTEGRATION OF**  
**PERSONS WITH DISABILITIES**  
**First Nations Funded Social Support Services through FTA**

FOR THE YEAR \_\_\_\_\_

FIRST NATION NAME	FIRST NATION NUMBER
-------------------	---------------------

REGION

NAME OF PROJECT

OBJECTIVES OF THE PROJECT (List all activities, schedule, resources, other departments and/or organizations taking part in the project)

COSTS

RESULTS OR ACCOMPLISHMENTS OF PROJECT

PREPARED BY	TITLE	DATE
-------------	-------	------

SIGNATURE

## **SOCIAL DEVELOPMENT**

### **FAMILY VIOLENCE PROJECTS ANNUAL REPORT**

**PART C (FIXED VOLUME FTA)**

### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. For more information on reporting deadlines, contact the DIAND regional office.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is being made, and the name and number of the band overseeing the project.
- ▶ **PROJECT NAME:** Give the name of the project. Fill out a separate report for each initiative, such as Project Haven emergency shelter, use of emergency shelters run by private or provincial agencies, or second-stage transitional funding. Indicate whether the project is new or continuing from a previous year.
- ▶ **PROJECT PURPOSE/ACTIVITIES/SCHEDULE/RESOURCES:** Provide a short description of the purpose of the original project, including specific objectives. List the planned activities, the proposed schedule and the resources required to carry out each activity.
- ▶ **PROJECT RESULTS/ACCOMPLISHMENTS:** Provide a description of the results or accomplishments of the project compared to the original project plan. Include information on whether the original purpose was met, which activities were carried out and any changes to the original schedule or resource requirements. Give information on how many people benefited from the project, including the number of women and children who used the services provided.
- ▶ The person preparing the form should sign and date it when completed.





## **SOCIAL DEVELOPMENT**

### **FAMILY VIOLENCE SHELTERS ANNUAL REPORT**

**PART C (FIXED VOLUME FTA)**

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### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31. For more information on reporting deadlines, contact the DIAND regional office.

- ▶ **YEAR/NAME & NUMBER OF BAND:** Fill out the year for which the report is being made, and the name and number of the band overseeing the project.
- ▶ **SHELTER NAME:** Give the name of the shelter and indicate if it is a Project Haven shelter or an Other Emergency shelter run by private or provincial agencies. Fill out a report for each shelter.
- ▶ **START-UP DATE/UNITS:** Show the total number of units and beds for each shelter. Indicate the shelter's operating date and the number of bands that were served.
- ▶ **ACTUAL/PROJECTED NUMBERS:** Show the actual and projected total number of families and persons receiving shelter and the total number of nights that family members remained in the shelter. Indicate the number of persons who received information or counselling but who did not stay overnight.
- ▶ **START-UP COST:** Show the start-up cost of the shelter [this is a one-time cost associated with setting up the shelter]. Also show the shelter's total annual operating costs.
- ▶ Sign and date the form when completed.

# FAMILY VIOLENCE SHELTERS

## ANNUAL REPORT

### First Nations Funded Social Support Through Fixed volume FTA

FISCAL YEAR \_\_\_\_\_

FIRST NATION NAME _____
FIRST NATION NUMBER _____

PROJECT HAVEN SHELTER <input type="checkbox"/> <b>OR</b> OTHER EMERGENCY SHELTER <input type="checkbox"/>
NAME OF SHELTER _____

1. Actual or estimated START-UP date	___ / ___ / ___
2. Total number of units in each shelter	_____
3. Total number of beds for all units in each shelter	_____
4. Total number of Bands served by shelter	_____

	ACTUAL	PROJECTED
1. Total number of families receiving shelter		
2. Total number of persons receiving shelter		
3. Total number of nights spent in shelter		
4. Total number of persons receiving information or counselling but who did not stay overnight		

1. START-UP COST [One-time cost associated with setting up the shelter]	
2. TOTAL ANNUAL PROJECT COSTS	

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **SOCIAL DEVELOPMENT**

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### **COMMUNITY SOCIAL SERVICES PROJECTS**

**PART C (FIXED VOLUME FTA)**

### **INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31.

- ▶ Community Social Services Projects is a regionally sponsored activity whereby funding is provided to First Nation communities for assessing and planning the operation of social services. Information requirements are region specific. Contact the DIAND regional office.

**COMMUNITY SOCIAL SERVICES PROJECTS**  
**Reports are region specific.**

**\*Contact your DIAND regional office.**

**SOCIAL DEVELOPMENT**  
**DAY CARE FACILITIES/  
HEAD START PROGRAM**  
**ANNUAL REPORT**

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**PART C (FIXED VOLUME FTA)**

**INSTRUCTIONS**

**DUE DATE:** Due May 30 for the fiscal year ending March 31.

- ▶ **YEAR/BAND NAME & NUMBER:** Fill out the year for which the report is made, and the name and number of the band responsible for administering the day care facility/Head Start program.
- ▶ **NUMBER OF CENTRE(S)/ ADDRESS:** Show the total number of Day Care centres or Head Start programs and day care places funded by DIAND. Also show the total number of children in day care/program during the year. Provide the complete mailing address for each Day Care centre or Head Start program.
- ▶ Sign and date the completed form.

**DAY CARE FACILITIES/  
HEAD START PROGRAM  
ANNUAL REPORT**

**First Nations Funded Social Support Through Fixed Volume FTA**

FISCAL YEAR \_\_\_\_\_

FIRST NATION NAME _____
FIRST NATION NUMBER _____

Day Care Centre/Head Start Program Name and Complete Address:

1. Total number of day care centres or programs funded by DIAND	_____
2. Total number of day care places funded by DIAND	_____
3. Total number of children served in day care during the year	_____

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NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **SOCIAL DEVELOPMENT**

### **DATA ELEMENTS DEFINITIONS and SOURCE**

This table describes the data to be collected and provides a justification for their inclusion. As well source documents (i.e., documents, usually maintained by First Nations, required to collect and back-up the data reported) are also identified.

#### **SOCIAL ASSISTANCE**

<b>Data Element</b>	<b>Description</b>
<b>Number of families</b>	<p>The annual monthly average of the number of eligible families receiving social assistance by reason for requiring assistance. (Total annual social assistance cases divided by 12, where the cases are expressed in full monthly equivalents, e.g., count the case if the recipient is receiving social assistance for more than 14 days otherwise do not count the case. Note: Exceptional circumstances do not apply to this definition. Please contact your regional office and note accordingly in the submission.)</p> <ol style="list-style-type: none"><li>1. Employable</li><li>2. Unemployable - Single Parent</li><li>3. Unemployable - Disabled</li><li>4. Unemployable - Other</li></ol> <p><i>Source: Budget and Decision Forms or First Nation equivalent.</i></p>
<b>Number of persons in families</b>	<p>The annual monthly average of the number of heads of households and dependants receiving social assistance by reason for requiring assistance. (Total annual social assistance cases divided by 12, where the cases are expressed in full monthly equivalents, e.g., count the case if the recipient is receiving social assistance for more than 14 days otherwise do not count the case. Note: Exceptional circumstances do not apply to this definition. Please contact your regional office and note accordingly in the submission.)</p> <ol style="list-style-type: none"><li>1. Employable</li><li>2. Unemployable - Single Parent</li><li>3. Unemployable - Disabled</li><li>4. Unemployable - Other</li></ol> <p><i>Source: Budget and Decision Forms or First Nation equivalent.</i></p>



Data Element	Description
<b>Number of singles</b>	<p>The annual monthly average of the of singles receiving social assistance by reason for requiring assistance. (Total annual social assistance cases divided by 12, where the cases are expressed in full monthly equivalents, e.g., count the case if the recipient is receiving social assistance for more than 14 days otherwise do not count the case. Note: Exceptional circumstances do not apply to this definition. Please contact your regional office and note accordingly in the submission.)</p> <ol style="list-style-type: none"> <li>1. Employable</li> <li>2. Unemployable - Single Parent (NOT APPLICABLE)</li> <li>3. Unemployable - Disabled</li> <li>4. Unemployable - Other</li> </ol> <p><i>Source: Budget and Decision Forms or First Nation equivalent.</i></p>
<b>Number of CMHC housing units on-reserve</b>	<p>The total actual number of CMHC housing units (Section 95) on reserve.</p> <p><i>Source: First Nation Housing Inventory List or equivalent</i></p>
<b>Number of housing units occupied by SA recipients</b>	<p>The annual monthly average number of housing units on-reserve where rent is reimbursed by DIAND to social assistance recipients by type of housing unit. (Total annual number of housing units divided by 12).</p> <ol style="list-style-type: none"> <li>1. CMHC (Section 95 housing)</li> <li>2. Non-CMHC (All other)</li> </ol> <p><i>Source: Budget and Decision Forms or First Nation equivalent.</i></p>
<b>Total annual rent expenditures funded to SA recipients (\$000)</b>	<p>The total annual rent expenditures funded (only funds that are reimbursed by DIAND) to social assistance recipients by type of on-reserve housing unit.</p> <ol style="list-style-type: none"> <li>1. CMHC (Section 95 housing)</li> <li>2. Non-CMHC (All other)</li> </ol> <p><i>Source: Budget and Decision Forms or First Nation equivalent.</i></p>
<b>Number of housing units for which fuel/utilities were paid</b>	<p>The annual monthly average number of housing units on-reserve for which fuel/utilities were paid. (Total annual number of housing units divided by 12).</p> <p><i>Source: Budget and Decision Forms or First Nation equivalent.</i></p>
<b>Total fuel, utilities and other shelter expenditures (\$000)</b>	<p>The total annual fuel, utilities and other shelter expenditures (only funds that are reimbursed by DIAND) to social assistance recipients.</p> <p><i>Source: Budget and Decision Forms or First Nation equivalent.</i></p>

<b>Data Element</b>	<b>Description</b>
<b>Number of person-months of employment created</b>	The <u>total number of person months</u> of training and/or employment under Social Assistance Transfer (e.g., Work Opportunity Program and/or ICHRS) for Social Assistance recipients (not beneficiaries). This information is required for accountability and policy and planning purposes.  <i>Source: Social Assistance Transfer Project Report.</i>
<b>Total number of dollars transferred to S.A.T. initiatives (\$000)</b>	The total annual amount of funds transferred from Basic Needs to Social Assistance Transfer initiatives. This information is required for accountability and resourcing purposes.  <i>Source: Social Assistance Transfer Project Report.</i>
<b>Number of projects</b>	The annual total number of social assistance work/training projects approved. This information is required for resourcing and policy purposes.  <i>Source: Social Assistance Transfer Project Report.</i>
<b>Number of children</b>	The average monthly number of children out of parental home (for AFA and non-AFA funding) . This information is required for resourcing and policy purposes.  <i>Source: Budget and Decision Forms or First nation equivalent</i>

## **NATIONAL CHILD BENEFIT (NCB)**

<b>Data Element</b>	<b>Description</b>
<b>First Nation name</b>	Refers to the name of the First Nation or Agency responsible for administering the NCB reinvestment program(s). This information is required for accountability purposes.  <i>Source: Band Name System</i>
<b>First Nation number</b>	Refers to the First Nation's or Agency's number. This information is required for accountability purposes.  <i>Source: Band Name System</i>
<b>For the fiscal year</b>	Refers to the year for which the report is being made. This information is required for accountability purposes.  <i>Source: First Nation or Agency</i>

Data Element	Description
<b>Name of reinvestment Program Developed [New or Continuing]</b>	<p>Refers to the name of the program and whether the program is new or continuing from the previous year. Type of reinvestment programs include child nutrition programs, readiness to learn programs, income support programs for families with children, earned income supplements for families with children, improved benefits for families on social assistance and other social services for low income families with children, such as child care, that support attachment to the workforce or alleviate poverty.</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation or Agency</i></p>
<b>Annual amount of reinvestment fund</b>	<p>Refers to the funds available for NCB reinvestment programs. An NCB reinvestment fund is the money made available through the adjustment to social assistance payments in relation to the increased Canada Child Tax Benefit (National Child Benefit Supplement).</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: Regional NCB Reinvestment Framework</i></p>
<b>Purpose of program</b>	<p>Refers to a short description of the objectives for each program.</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation or Agency</i></p>
<b>Results or accomplishments of program</b>	<p>Refers to a description of the results or accomplishments of the program as compared to the original objectives and whether the original purpose was met and which activities were successfully carried out.</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation or Agency</i></p>
<b>Number of families</b>	<p>Refers to the number of families who benefited from the NCB reinvestment program(s).</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation or Agency</i></p>

<b>Data Element</b>	<b>Description</b>
<b>Number of children (0-18)</b>	Refers to the number of children under the age of 18 who benefited from the NCB reinvestment program(s). This information is required for accountability and resource allocation.  <i>Source: First Nation or Agency</i>

## **CHILD & FAMILY SERVICES**

<b>Data Element</b>	<b>Description</b>
<b>MAINTENANCE Administering First Nation or Child &amp; Family Services Agency</b>	This information is required to assess performance and to allocate funds.  Name of FN or CFS Agency providing service  <i>Source: First Nation or CFS Agency</i>
<b>Arrangement number</b>	This information is required for accountability purposes.  <i>Source: Funding Arrangement</i>
<b>Band number</b>	Refers to the Beneficiary's Band Number This information is required for accountability purposes.  <i>Source: Indian Registry System</i>
<b>Beneficiary's name</b>	Name of Child placed in the care of the agency. This information is required for accountability and resource allocation.  <i>Source: Indian Registry System</i>
<b>Beneficiary's status number</b>	The Indian Registry Number of the Child placed in the care of the agency. This information is required for accountability and resource allocation.  <i>Source: Indian Registry System</i>
<b>Beneficiary's gender</b>	The Gender of the Child placed in the care of the agency. This information is required for accountability.  <i>Source: Indian Registry System</i>

Data Element	Description
<b>Beneficiary's date of birth</b>	<p>The beneficiary's date of birth. This information is required for accountability and resource allocation.</p> <p><i>Source: Indian Registry System</i></p>
<b>Name of family or Institution</b>	<p>Family's name if different than beneficiary's or the name of the institution responsible for the child. This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation, CFS Agency or Indian Registry System</i></p>
<b>Beneficiary's parent / guardian name</b>	<p>This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation, CFS Agency, or Indian Registry System</i></p>
<b>Beneficiary's parent / guardian residence</b>	<p>This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation or CFS Agency or Population Statistics Data</i></p>
<b>Beneficiary's child and family service status</b>	<p>Refers to the child's CFS placement status:</p> <ol style="list-style-type: none"> <li>1. Voluntary Care Ward</li> <li>2. Temporary Ward</li> <li>3. Permanent (Crown) Ward</li> </ol> <p><i>Source: First Nation or CFS Agency</i></p>
<b>Type of service</b>	<p>Indicate type of care service by code: 3100-Institutional Care 3101-Foster Home 3102-Group Home *definitions below</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>
<p><b>Foster care</b> Care provided in a family setting by persons who are not the parents of the child and where placement was made by an agency such as a Band, DIAND, or a Provincial Child Welfare authority. This includes care provided without reimbursement, but excludes care in a family where adoption is clearly the intent.</p>	

Data Element	Description
<b>Group homes</b>	Care provided to a small group of 5 to 10 children in a setting where normally the permanent full-time staff is a couple operating in a setting which provides a family atmosphere. Group homes serve the needs of those children who either do not require, or cannot use, the close relationships of a foster family. They do not include either subsidized foster homes used for emergency care or to keep a large family unit together or small residential units which are essentially institutional in nature.
<b>Institutional care</b>	Care provided in a setting where one or more groups of children occupy the premises and permanent full-time staff work on a shift basis. It may provide care and treatment for children with emotional problems. It is distinguished from a Group Home by the fact that permanent full-time staff work on a shift basis.
<b>Date beginning placement</b>	The date indicating when the service began. This information is required for accountability and resource allocation.  <i>Source: First Nation or equivalent CFS Agency form</i>
<b>Date of departure</b>	Date indicating the date on which the individual was discharged. This information is required for accountability and resource allocation.  <i>Source: First Nation or equivalent CFS Agency form</i>
<b>Daily rate</b>	Daily rate for service provided. This information is required for accountability and resource allocation.  <i>Source: First Nation or equivalent CFS Agency form</i>
<b>Special funds</b>	Money allocated to cover such things as clothing and travel expenses. This information is required for accountability and resource allocation.  <i>Source: First Nation or equivalent CFS Agency form</i>
<b>Number of days</b>	Total number of days in the month the individual has been placed in the care of the agency. This information is required for accountability and resource allocation.  <i>Source: First Nation or equivalent CFS Agency form</i>

<b>Data Element</b>	<b>Description</b>
<b>Total amount</b>	<p>Total amount for care calculated (i.e., the number of days multiplied by the daily rate then add special funds). This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation or equivalent CFS Agency form</i></p>
<b>Total expenses</b>	<p>Summary of the “Total Amount”. This information is required for accountability and resource allocation.</p> <p><i>Source: First Nation or equivalent CFS Agency form</i></p>
<b>OPERATIONS List of services provided</b>	<p>Refers to the Type of Service provided by the First Nation or the CFS Agency, such as Prevention, Protection, Adoption and/or Alternate Care. This information is required to assess performance and for resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>
<b>Number of families served</b>	<p>Refers to the number of families served under the following: prevention, protection, adoption and/or alternate care. This information is required to assess performance and for resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>
<b>Number of children served</b>	<p>Refers to the number of children within the families served under the following: prevention, protection, adoption and/or alternate care. This information is required to assess performance and for resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>
<b>Number of local child and family service committees</b>	<p>The number of local committees which deal with Child and Family Services. This information is required to assess performance and for resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>
<b>Number of elders committees/ consultations/meetings</b>	<p>The number of committees consisting of Elders and the number of consultations and/or meetings held by Elders. This information is required to assess performance and for resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>

<b>Data Element</b>	<b>Description</b>
<b>Number of public information/education workshops</b>	<p>Refers to the Number of Public Information / Education Workshops provided by the FN or CFS Agency.</p> <p>This information is required to assess performance and for resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>
<b>Number of foster care homes</b>	<p>Refers to the Number of Homes providing Foster Care.</p> <p>This information is required to assess performance and for resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>
<b>Number of adoption homes</b>	<p>Refers to the Number of Homes suitable for the placement of children for adoption.</p> <p>This information is required to assess performance and for resource allocation.</p> <p><i>Source: First Nation or CFS Agency</i></p>



## ADULT CARE

Data Element	Description
<b>Administering First Nation or services agency</b>	Refers to the Name of the FN or Agency providing the service. This information is required to assess performance and to allocate funds.  <i>Source: Adult Care Placement Form or First Nation equivalent</i>
<b>Arrangement number</b>	Refers to the funding arrangement number This information is required for accountability purposes.  <i>Source: Funding Arrangement</i>
<b>Band number</b>	Refers to the Beneficiary's Band Number This information is required for accountability purposes.  <i>Source: Indian Registry System</i>
<b>Beneficiary's name</b>	Name of Adult in care. This information is required for accountability and resource allocation.  <i>Source: Indian Registry System</i>
<b>Beneficiary's status number</b>	The Indian Registry Number of the Adult in care This information is required for accountability and resource allocation.  <i>Source: Indian Registry System</i>
<b>Beneficiary's gender</b>	The Gender of the Adult in care This information is required for accountability and resource allocation.  <i>Source: Indian Registry System</i>
<b>Name of family or institution</b>	Family's name if different than beneficiary's or the name of the institution responsible for the adult. This information is required for accountability and resource allocation.  <i>Source: Adult Care Placement Form, Indian Registry System or First Nation equivalent</i>
<b>Date of birth</b>	The beneficiary's date of birth. <i>This information is required for accountability and resource allocation.</i>  <i>Source: Indian Registry System</i>

Data Element	Description
<b>Beneficiary's parent / guardian name</b> (where applicable)	<p>The name of the beneficiary's Parent or Guardian.</p> <p><b>Note:</b> The name "Guardian" is used as a generic term to describe an individual, <i>other than a Parent</i>, who has legal responsibility for an adult in care. A guardian can be a next-of-kin, a public trustee, etc.</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or Indian Registry System</i></p>
<b>Beneficiary's parent / guardian status number</b> (where applicable)	<p>The Indian Registry Number of the parent / guardian of the Adult in care</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: Indian Registry System</i></p>
<b>Type of service</b>	<p>Indicate type of care service by code:</p> <p>3115-Home Care            3116-Institutional Care            3118-Foster Care</p> <p>This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or First Nation equivalent</i></p>
<b>Foster care</b> Care provided in a family setting by persons who are not immediately related to the individual requiring the adult foster care.	
<b>Home care</b> Housekeeping and personal care services provided to an individual who still resides at home.	

Data Element	Description
<p><b>Institutional care</b></p> <p>Funding for care in Type I and Type II institutions which may be located on reserve and off reserve. Individuals must be assessed according to provincial standards to determine the level of care required. Residents of institutions are generally elderly or disabled persons in need of supervision and assistance.</p> <p><b>TYPE I:</b>  <i>"is that required by a person who is ambulant and/or independently mobile, who has decreased physical and/or mental faculties, who requires primarily supervision and/or assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time which care is required is indeterminate and related to the individual condition".</i></p> <p><b>TYPE II:</b>  <i>"is that required by a person with a relatively stabilized (physical or mental) chronic disease of functional disability, who, having reached the apparent limit of his recovery, is not likely to change in the near future, who has relatively little need for the diagnostic and therapeutic services of a hospital but who requires availability of personal care on a continuing 24-hour basis, with medical and professional nursing supervision and provision for meeting psycho-social needs. The period of time during which care is unpredictable but usually consists of a matter of months or years".</i></p>	
<p><b>Date beginning placement</b></p>	<p>The date indicating when the service began.  This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or First Nation equivalent</i></p>
<p><b>Date of departure</b></p>	<p>Date indicating the date on which the individual was discharged.  This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or First Nation equivalent</i></p>
<p><b>Daily rate</b></p>	<p>Daily rate for service provided.  This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or First Nation equivalent</i></p>
<p><b>Special fund</b></p>	<p>Money allocated to cover such things as clothing and travel expenses.  This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or First Nation equivalent</i></p>
<p><b>Number of days</b></p>	<p>Total number of days in the month the individual has been in care.  This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or First Nation equivalent</i></p>

<b>Data Element</b>	<b>Description</b>
<b>Total amount</b>	<p>Calculated as the number of days multiplied by the daily rate. This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or First Nation equivalent</i></p>
<b>Total expenses</b>	<p>Summary of the “Total Amount”. This information is required for accountability and resource allocation.</p> <p><i>Source: Adult Care Placement Form or First Nation equivalent</i></p>

## FAMILY VIOLENCE

### Family Violence: Projects

Data Element	Description
<b>First Nation name</b>	<p>The name of the First Nation overseeing the project. This information is required for accountability purposes.</p> <p><i>Source: Indian Registry System</i></p>
<b>First Nation number</b>	<p>Refers to the First Nation's number This information is required for accountability purposes.</p> <p><i>Source: Indian Registry System</i></p>
<b>Name of project [new or continuing]</b>	<p>Refers to the project, such as a Project Haven emergency shelter or other type of emergency shelter. Other types of emergency shelters may include private or provincial agencies. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Annual Report</i></p>
<b>Purpose of project</b>	<p>Refers to a description about the original project as well as the project's specific objectives. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Annual Report</i></p>
<b>Activities</b>	<p>Refers to a description about the project's planned activities. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Annual Report</i></p>
<b>Schedule</b>	<p>Refers to a description about the project's activities time frame or schedule. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Annual Report</i></p>
<b>Resources</b>	<p>Refers to a description about the project's resources required to carry out each activity. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Annual Report</i></p>

Data Element	Description
<b>Results or accomplishments of project</b>	<p>Refers to a description of the results or accomplishments of the project compared to the original project plan. Include information on whether the original purpose was met, which activities were carried out and any changes to the original schedule or resource requirements. Identify information on how many people benefited from the project, including the number of women and children who used the services provided. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Annual Report</i></p>

### Family Violence: Emergency Shelters

Data Element	Description
<b>First Nation name</b>	<p>The name of the First Nation funded for the shelter. This information is required for accountability purposes.</p> <p><i>Source: Indian Registry System</i></p>
<b>First Nation number</b>	<p>Refers to the First Nation's number. This information is required for accountability purposes.</p> <p><i>Source: Indian Registry System</i></p>
<b>Type of emergency shelter</b>	<p>Refers to the name of the Project Haven emergency shelter or other type of emergency shelter. Other types of emergency shelters may include private or provincial agencies. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Name of shelter</b>	<p>Refers to the name of the emergency shelter. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Actual or estimated start-up date</b>	<p>Refers to the actual or estimated start-up/operating date of the emergency shelter. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Total number of units in each shelter</b>	<p>Refers to the number of units in each emergency shelter. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>

Data Element	Description
<b>Total number of beds for all units in each shelter</b>	<p>Refers to the number beds for all the units in each emergency shelter This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Total number of bands served by the shelter</b>	<p>Refers to the number of First Nations located in proximity to the emergency shelter where residents of the bands would normally use the shelter This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Total number of persons receiving shelter [actual and projected]</b>	<p>Refers to the actual and projected number of persons, including dependants, receiving shelter during the year. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Total number of families receiving shelter [actual and projected]</b>	<p>Refers to the actual and projected number of families receiving shelter during the year. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Total number of nights spent in shelter [actual and projected]</b>	<p>Refers to the actual and projected number of nights that family members remained in the shelter during the year. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Total number of persons receiving information or counselling but who do not stay overnight [actual and projected]</b>	<p>Refers to the actual and projected number of persons receiving information or counselling but who do not stay overnight during the year. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Start-up Cost: one-time cost associated with the setting up of the shelter.</b>	<p>Refers to the one-time cost associated in the setting up of the emergency shelter. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>
<b>Total annual project costs</b>	<p>Refers to the total annual operating costs required to operate the emergency shelter. This information is required for accountability purposes.</p> <p><i>Source: First Nation or Agency Monthly Summary Report</i></p>

## NATIONAL STRATEGY FOR THE INTEGRATION OF PERSONS WITH DISABILITIES

<b>Data Element</b>	<b>Description</b>
<b>Name of project (new or Continuing)</b>	<p>The name of the project. Also indicate whether the program is new or continuing. This information is required for accountability purposes.</p> <p><i>Source: Yearly Report submitted by the First Nation</i></p>
<b>Costs</b>	<p>The costs represent the overall cost of the project; if the project is achieved in collaboration with other departments or organizations, this field will identify each partner's financial contribution.</p> <p><i>Source: Yearly Report submitted by the First Nation</i></p>
<b>Objective of the project</b>	<p>This field describes the overall objectives of the project in terms of activities, schedules, resources, and other departments/organizations taking part in the project.</p> <p><i>Source: Yearly Report submitted by the First Nation</i></p>
<b>Results or accomplishments of project</b>	<p>This information is required for program justification and accountability purposes.</p> <p>The outcome of the project and an assessment of its success.</p> <p><i>Source: Yearly Report submitted by the First Nation</i></p>



## DAY CARE FACILITIES/HEAD START PROGRAM

Data Element	Description
<b>Total number of day care centres or programs funded by DIAND</b>	Refers to the total number of operating day care centres or programs funded by DIAND. This information is required for accountability purposes.  <i>Source: First Nation</i>
<b>Number of day care places funded by DIAND</b>	Refers to the total number of day care places funded by DIAND. This information is required for accountability purposes.  <i>Source: First Nation</i>
<b>Name of centre, address, etc.</b>	Refers to the complete mailing address of the day care centre. This should include the day care centre's full name, address and postal code. This information is required for accountability purposes.  <i>Source: First Nation</i>
<b>Number of children served in day care during year</b>	Refers to the total annual number of children placed in day care centres. This information is required for accountability purposes.  <i>Source: First Nation</i>



# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## INDIAN GOVERNMENT SUPPORT

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*

# **INDIAN GOVERNMENT SUPPORT**

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## **OVERVIEW**

Formula-based **Band Support Funding** is a grant to support chief and council allowances, travel expenses and First Nation government administration overhead costs.

**Tribal Council Funding** is provided to formally incorporated tribal councils for the provision of **advisory services** (financial management; band government support; economic development; community planning; and technical services) to the Tribal Council's member bands.

**Band Advisory Funding Policy:** Unaffiliated large First Nations (First Nations with an on-reserve registered population of 2,000 or more who are not now or who do not intend to be affiliated with a tribal council) are eligible to receive funding for advisory services to avail themselves with advisory services in the specified professional areas described in the Band Advisory Funding Policy.

**Careers Initiative** is funding for First Nations to specifically assist them in managing their staff training and development portfolio. The funding is approximately 2% of total First Nation support funding and 2% of the administration portion of the tribal council funding formula.

**Indian Management Development (IMD)** is funding for projects aiming at encouraging and sustaining improved First Nation government management practices in order to utilize human and financial resources more effectively.

## **KEY TERMS**

### **BAND SUPPORT FUNDING OR TRIBAL COUNCIL FUNDING**

Band support funding or tribal council funding is money received by First Nations as a contribution toward overhead administrative costs of delivering programs and services funded by the Department of Indian Affairs and Northern Development (DIAND), including lands and trusts services; education; economic development; administration of social development; infrastructure and maintenance; major and minor capital projects; and band management. In the case of tribal councils, the contribution includes an allowance to provide advisory services to bands.

### **BAND EMPLOYEE BENEFITS**

Band employee benefits include pension plans and/or group insurance plans (and may also include other optional benefits) offered to employees of First Nations or tribal councils. DIAND's policy stipulates that eligible First Nations and tribal councils can be granted funds to pay the employer's contribution for these benefits under the Band Employee Benefits Program [BEBP] up to specified limits. Employers can apply for this funding for all eligible employees [see below]. BEBP funding does not cover pension plan costs for anyone

providing services under a service contract, members of boards of directors, employees working on capital projects or anyone working for a revenue-generating organization.

### **ELIGIBLE EMPLOYEE**

An eligible employee is one who is performing services of a “public” nature, funded by DIAND and whose salary is derived from DIAND.

### **WHAT NEEDS TO BE SUBMITTED AND WHEN?**

#### **DUE** Annually, June 30

- Application for Grant Band Support Funding. \*Only where applicable *{refer to page 8}*.
- The eligible unaffiliated large band is required to provide the Minister with an **annual report of the advisory services** so acquired *{refer to page 10}*.
- Each tribal council must also prepare an **annual report on its program activities and services** provided. A copy of the report must be provided to its affiliated bands and to DIAND within 90 days after the end of the fiscal year *{refer to page 10}*.
- Pension Plan Funding Annual Report *{refer to page 16}*.

#### **DUE** Annually, May 31

- Application for Band Employee Benefits Funding (CFA) *{refer to page 12}*.
- A list of eligible employees (CFA) *{refer to page 14}*.

#### **DUE** on a project basis

- Indian Management Development Program Proposal *{refer to page 18}*.

## **INDIAN GOVERNMENT SUPPORT**

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### **BAND SUPPORT AND TRIBAL COUNCIL FUNDING**

Band support funding and tribal council funding can be used by First Nations to cover the overhead costs of basic services and programs including:

- ▶ lands and trusts services;
- ▶ education;
- ▶ economic development;
- ▶ administration of social development;
- ▶ infrastructure and maintenance;
- ▶ major and minor capital projects; and
- ▶ band government.

#### **NOTE:**

**Effective April 1, 1997, the band support and tribal council funding allocations have been frozen at 1996-1997 levels unless the band or tribal council undertakes a completely new function funded by DIAND.** Some of these exceptions include:

- ◆ New bands or tribal councils may be accommodated depending on specific situations. Eligibility for departmental funding will be calculated on the basis of the formula in effect in 1996-1997.
- ◆ First Nations or Tribal Councils taking on continuing new responsibilities will have their eligibility for funding adjusted according to calculations based on modifications to the 1996-1997 data base.

The amount of information required for each of the exceptions noted above may vary from region to region. Contact your DIAND regional office *{page 15 of the Introduction and User Guide Section}*, for more information.

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### **BAND EMPLOYEE BENEFITS**

For any DIAND-funded program under which First Nations employ continuing part-time or full-time staff, the band council or tribal council can apply for band employee benefits funding from DIAND. DIAND's policy states that bands and tribal councils are eligible to receive this funding to pay their share of the employer's pension plan or other benefits in accordance with the conditions and funding ceilings set by the Band Employee Benefits Program [BEBP].

Bands and tribal councils that apply for BEBP funding must refer to the appropriate guidelines for procedures and directives. These guidelines are available from the regional offices of DIAND.

The Application for Band Employee Benefits Funding includes the following information:

- ▶ number of employees in each program area and their salaries;
- ▶ amounts for employer and employee contributions for private pension plans and the Canada/Quebec pension plans; and
- ▶ a breakdown of employer contributions according to the total benefits payable under DIAND-funded program activities. The total amount of employer contributions, if approved, will be covered by DIAND under the BEBP.

Each application for band employee benefits funding must be accompanied by a list of eligible employees for whom DIAND will pay the employer's share of benefits. The list of eligible employees shows:

- ▶ the name and occupation of each employee;
- ▶ the name of the program for which the employee works;
- ▶ the source of the employee's salary;
- ▶ the amount of the salary; and
- ▶ the breakdown of contribution amounts for the employee and the employer in pension and group insurance plans.

**NOTE:**

**Effective April 1, 1997, adjustments to The Band Employee Benefit (BEB) Program will be frozen at the 1996-97 funding levels with the following exception:** adjustments for the legislated annual increase of 0.1% in the Canada/Quebec Pension Plans will be processed.

*It is important to note that there will be NO increase in departmental contributions to existing BEB plans if the proposed increase can be attributed to decisions that are solely within the sphere of the employer (such as salary increases to employees or increases in the number of employees in the workforce.)*

Applications for funding new benefit plans will continue to be accepted. However, funding for these new plans cannot be approved until the department has received confirmation from the Office of the Superintendent of Financial Institutions (OSFI) that the plan is deemed to be registered by both OSFI and Revenue Canada (Taxation). Contact your DIAND regional office {page 15 of the Introduction and User Guide Section}, for more information.

## **INDIAN GOVERNMENT SUPPORT**

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### **INDIAN MANAGEMENT DEVELOPMENT [IMD] PROGRAM**

Programs and activities undertaken by First Nations to improve their management capacity, obtain management advisory support services, or develop improved management advisory support services, or develop improved management systems may be funded under the Indian Management Development [IMD] Program.

First Nations councils or governments who wish to apply for funding under the IMD program need to prepare detailed project proposals that describe their training needs. Specifications for these funding proposals may vary from region to region. For more information on specifications and guidelines, please contact your DIAND regional office *{page 15 of the Introduction and User Guide Section}*.

***INDIAN GOVERNMENT  
SUPPORT***

***FORMS, INSTRUCTIONS,  
DATA DEFINITIONS  
and SOURCES***



## **INDIAN GOVERNMENT SUPPORT**

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### **APPLICATION FOR GRANT BAND SUPPORT FUNDING**

#### **INSTRUCTIONS**

**NOTE:**

**Effective April 1, 1997, the band support and tribal council funding allocations have been frozen at 1996-1997 levels unless the band or tribal council undertakes a completely new function funded by DIAND.** Some of these exceptions include:

- ◆ New bands or tribal councils may be accommodated depending on specific situations. Eligibility for departmental funding will be calculated on the basis of the formula in effect in 1996-1997.
- ◆ First Nations or Tribal Councils taking on continuing new responsibilities will have their eligibility for funding adjusted according to calculations based on modifications to the 1996 - 1997 data base.

The amount of information required for each of the exceptions noted above may vary from region to region. Contact your DIAND regional office *{and page 15 of the Introduction and User Guide Section}*, for more information.

**APPLICATION FOR GRANT  
Band Support Funding**

**\*Contact your DIAND regional office.**

## **INDIAN GOVERNMENT SUPPORT**

### **TRIBAL COUNCIL / UNAFFILIATED LARGE BAND ADVISORY SERVICES**

- ▶ **ADVISORY SERVICES ANNUAL REPORT:** The eligible unaffiliated large band must provide the Minister with an annual report of the advisory services so acquired **by June 30.**
  
- ▶ **PROGRAM ACTIVITIES ANNUAL REPORT:** Each Tribal Council must also prepare an annual report on its program activities and services provided. A copy of the report must be provided to its affiliated bands and to DIAND within 90 days after the end of the fiscal year **{usually June 30}.**

**ELIGIBLE UNAFFILIATED LARGE BAND ADVISORY SERVICES  
ANNUAL REPORT**

\*Narrative Report - Contact DIAND regional office.

**ANNUAL REPORT ON PROGRAM ACTIVITIES**

\*Narrative Report - Contact DIAND regional office.

# **INDIAN GOVERNMENT SUPPORT**

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## **APPLICATION FOR BAND EMPLOYEE BENEFITS FUNDING**

### **INSTRUCTIONS**

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**The following form applies to CFA First Nations only.**

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**DUE DATE:** May 31, for the previous fiscal year ending March 31.

- ▶ **EMPLOYER'S INFORMATION:** Fill out the employer's name [band or tribal council name], region, fiscal year and other registration information *{details on the information required here may be available from your DIAND regional offices}*.
- ▶ **UNDERWRITER:** The underwriter/administrator name is usually the insurance company name for private insurance plans.
- ▶ **EMPLOYEES BY PROGRAM:** Fill out the number of employees and total salary for each program area.
- ▶ **EMPLOYERS/EMPLOYEES CONTRIBUTION:** Provide a detailed breakdown of the amount paid by both employers and employees toward private and Canada/Quebec pension plans in each program area.
- ▶ **DIAND/OTHER TOTALS:** Add up the total of DIAND-funded positions and salary amounts at the bottom of the listing for program areas.
- ▶ **TOTAL BENEFITS/CONTRIBUTIONS/ADMIN COSTS:** Calculate the total of all benefits for DIAND-funded employees. Show the total employee contributions [to be paid by employees themselves] and calculate the amount of employer contributions, which may be higher if other administrative costs are added. Show a breakdown of administrative costs in the comments box.

**Attach a copy of the List of Eligible Employees form *{refer to page 14}*.**

**APPLICATION FOR BAND EMPLOYEE BENEFITS FUNDING**

**DEMANDE DE FINANCEMENT DES AVANTAGES SOCIAUX DES EMPLOYÉS(ÉES) DES BANDES**

Employer - Employeur				Multi-Employer plan - Régime d'inter-entreprise					
Region-Région	Fiscal year - Année fin.	Recipient No. - N° du bénéficiaire	Underwriter or Administrator - Assureur ou Administrateur	PBSA No. - N° du LNPP	Rev. Canada Registration No. N° d'enr de Rev. Canada	Funding - Financement New - Courant Ongoing -Initial			
Employee/Employer Data Données de l'employé(e)/l'employeur			Employer contributions Contributions de l'employeur			Employee contributions Contributions de l'employé(e)			DIAND Use À l'usage du MAINC
Program Programme	PY A-P	Salary Salaire	Pensions Régime de retraite	CPP/QPP RPC/RPQ	Total	Pensions Régime de retraite	CPP/QPP RPC/RPQ	Total	
Band support Soutien de bande									
Comm. Infrastructure Equipement comm.									
L. R. & T. T. R. & F.									
Education									
Social Dev. Dév. Social									
Economic Dev. Dév. Économique									

DIAND total Total du MAINC									
Other/Divers									

Total of all Benefits Total de tous les avantages	Employee Contributions Contributions de l'employé(e)	Employer Contributions -Cotisations de l'employeur				Total employer contrib. (A+B+C+D) Contributions totales de l'employeur (A+B+C+D)
		Private plan Plan privé A	CPP/QPP RPC/RPQ B	Other Benefits Autres avantages C	Admin. Costs Coûts admin. D	
DIAND MAINC						
NH&W SBS						
% of salaries % de salaires						

FOR DEPARTMENTAL USE ONLY - À L'USAGE DU MINISTÈRE SEULEMENT	
Current year forecast Prévisions de l'année courante	\$
Adjust. from previous years funding Règle de financement de l'année précédente	\$
Current year contribution Cotisation de l'année courante	\$

Comments - Remarques
----------------------

APPROVAL - APPROBATION	
Title - Titre	
Name - Nom	
Signature	Date

## **INDIAN GOVERNMENT SUPPORT**

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### **LIST OF ELIGIBLE EMPLOYEES**

#### **INSTRUCTIONS**

---

**The following form applies to CFA First Nations Only**

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**DUE DATE:** May 31, for the previous fiscal year ending March 31.

- ▶ **FISCAL YEAR:** Fill out the fiscal year for which the BEBP support is being claimed at the top of the form.
- ▶ **EMPLOYEE NAME/OCCUPATION:** Insert the full name and occupation of each employee who is working part-time or full-time on a continuing basis. Employers cannot apply for BEBP funding to cover pension plan costs for anyone providing services under a service contract, members of boards of directors, employees working on capital projects or anyone working for a revenue-generating organization.
- ▶ **PROGRAM:** Indicate the program area next to the employee's name and occupation. *{For example, the program might be band support, community health, facilities and maintenance, education, social development etc.}*
- ▶ **SOURCE OF SALARY:** Indicate the source of the salary for each employee. This might be DIAND, Health Canada or some other funding source.
- ▶ **SALARIES:** List all salaries.
- ▶ **COST BREAKDOWN:** Show a breakdown of costs for employee and employer pension plan and group insurance contributions. In most cases, this will be the same amount for both employees and employers.
- ▶ **SIGNATURE:** Sign and date the form when complete.

**This form should be submitted with the Application for Band Employee Benefits Funding form *{refer to page 12}*.**

## LIST OF ELIGIBLE EMPLOYEES

Employer Name					Period From		To	
Employee Name	Occupation	Program	Source of Salary	Salary	Pension Plan		Group Insurance	
					Employee %	Employer %	Employee	Employer
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
Total								

I CERTIFY THAT THE DATA RECORDED ON EACH COMPLETED LIST HAS BEEN CHECKED AND FOUND ACCURATE.

SIGNATURE OF ADMINISTRATION OFFICER	DATE	PREPARED BY
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## **INDIAN GOVERNMENT SUPPORT PENSION PLAN FUNDING**

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### **INSTRUCTIONS**

**DUE DATE:** May 31, for the previous fiscal year ending March 31.

- ▶ **BAND INFORMATION:** Fill in the band name and number.
- ▶ **TOTAL PAYROLL:** Provide the amount of the total payroll in the past fiscal year for employees eligible for pension plan contributions. Eligible employees work for an Indian, Inuit or Innu employer on a continuing part-time or full-time basis under a program funded or subsidized by DIAND or Health Canada. The employee must pay their share of all pension benefits, with the remaining share paid by the employer in accordance with the terms of the plan and effective legislation.
- ▶ **TOTAL EMPLOYEE CONTRIBUTIONS:** Give the total amount of contributions paid by eligible employees.
- ▶ **TOTAL EMPLOYER CONTRIBUTIONS:** Show how much was paid by the employer [that is, the First Nations council].
- ▶ **TOTAL OTHER BENEFITS:** Give the total amount of eligible employee benefits paid towards other optional benefits.
- ▶ **TOTAL EMPLOYEES COVERED:** Indicate the total number of First Nations employees covered.
- ▶ **SIGNATURE:** Sign and date the form when it is complete.



## PENSION PLAN FUNDING ANNUAL REPORT

FOR THE YEAR \_\_\_\_\_

BAND NAME	BAND NUMBER

TOTAL PAYROLL FOR **ELIGIBLE** EMPLOYEES WAS \$ \_\_\_\_\_

TOTAL CONTRIBUTIONS BY **ELIGIBLE** EMPLOYEES PAID INTO THE PLAN FOR THE CANADA/QUEBEC PENSION PLAN [C/QPP] AND PRIVATE PENSION PLAN \$ \_\_\_\_\_

TOTAL CONTRIBUTIONS BY **ELIGIBLE** EMPLOYERS PAID INTO THE PLAN FOR C/QPP AND PRIVATE PENSION PLANS FOR ELIGIBLE EMPLOYEES \$ \_\_\_\_\_

TOTAL OTHER **ELIGIBLE** EMPLOYEE BENEFITS PAID INTO PENSION PLAN \$ \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES COVERED BY PLAN IS \_\_\_\_\_

ANNUAL INFORMATION RETURN (AIR) AND PRE-SCRIBED FEES SUBMITTED TO THE OFFICE OF SUPERINTENDENT OF FINANCIAL INSTITUTIONS (OSFI) (YES/NO) \_\_\_\_\_

DATE OF SUBMISSION TO OSFI \_\_\_\_\_

INFORMATION PROVIDED HERE CONFIRMED AS CORRECT BY:

SIGNATURE	DATE
NAME	POSITION

## **INDIAN GOVERNMENT SUPPORT**

### **INDIAN MANAGEMENT DEVELOPMENT [IMD] PROGRAM**

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#### **INSTRUCTIONS FOR IMD FUNDING PROPOSALS RELATED TO:**

##### **Management Consulting, Advisory Support Services and development of Management Systems**

Proposals should include the following information:

- ▶ A description of the management training need and the specific situation that needs to be corrected or improved.
- ▶ The objectives.
- ▶ Who will receive training or consultation.
- ▶ Who will give the training and what their qualifications are.
- ▶ Number of training sessions that will take place / duration of the program.
- ▶ Description of what type of training / consultation activities will take place and a detailed schedule.
- ▶ Training / teaching methods.
- ▶ Evaluation methods to see whether or not the training / management development objectives have been achieved.
- ▶ Cost of the training.
- ▶ Other sources of income.

**INDIAN MANAGEMENT DEVELOPMENT PROPOSAL**  
Narrative Report - Contact DIAND Regional Office

## **INDIAN GOVERNMENT SUPPORT**

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### **DATA ELEMENTS DEFINITIONS and SOURCE**

This table describes the data to be collected and provides a justification for their inclusion. The various data elements are required for accountability and resourcing purposes.

For some data, the source is a formal document such as a completion certificate, a school register, or a university transcript. *For example, in Housing and Infrastructure, the source for data on the number of new housing units completed is a completion certificate signed by a qualified building inspector. This means data on the number of new housing units completed is gathered by counting the number of completion certificates. If 10 completed housing units are reported, there must be 10 completion certificates on file.* **For the Indian Government Support program (Band Employee Benefits) data elements, the source for the data elements is the pension plan and employee payroll documents unless otherwise noted.**

### **INDIAN GOVERNMENT SUPPORT**

#### **Band Employee Benefits Funding:**

<b>Data Element</b>	<b>Description</b>
<b>Employer's Name</b>	Name of First Nation or tribal council providing employment.
<b>Fiscal Year</b>	The time between one yearly settlement of financial accounts and the next.
<b>Underwriter / Administrator</b>	The name of the underwriter, usually an insurance company.
<b>PBSA Number</b>	The five-digit number assigned by Office of the Superintendent of Financial Institutions (OSFI) when the plan is registered under PBSA.
<b>Revenue Canada Registration Number</b>	The number assigned by Revenue Canada Taxation following approval under the Income Tax Act.
<b>Funding</b>	Indicate whether funding is new or ongoing.
<b>Employee / Employer Data</b>	For each program listed provide the number of person years (PYs) and salary.
<b>Employer Contributions</b>	The employer contributions to pensions and CPP/QPP for each program listed.

**List of Eligible Employees:**

<b>Data Element</b>	<b>Description</b>
<b>Employer's Name</b>	Name of First Nation or tribal council providing employment
<b>Period</b>	Indicate fiscal year.
<b>Employee Name</b>	This information is required for accountability and resourcing purposes.
<b>Occupation</b>	Employee's occupation/job title.
<b>Program</b>	Program area where individual is employed.
<b>Source of Salary</b>	Source of individual's salary, such as DIAND, Health Canada, etc.
<b>Salary</b>	The individual's salary in dollars. This information is required for accountability and resourcing purposes.
<b>Pension Plan</b> Employee %__Employer %__	The percentage breakdown between employee/employer pension plan contributions.
<b>Group Insurance</b> Employee %__ Employer %__	The percentage breakdown between employee/employer group insurance contributions.



Indian and Northern Affairs Canada  
Affaires indiennes et du Nord Canada

# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## **CAPITAL FACILITIES AND MAINTENANCE**

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **OVERVIEW**

The capital and facilities maintenance program is one component of DIAND's strategic objective to assist First Nations in building healthy and sustainable communities. The objective of the program is to provide funding to assist First Nations to acquire, construct, operate and maintain basic community facilities and services such as water and sewage, roads, electrification, schools, community buildings and fire protection. The program ensures that these facilities and community services meet recognized standards and are comparable to the services provided to nearby communities by provincial and municipal governments.

#### **Services Available:**

- a. Housing Subsidy Funding to First Nations** for the construction and renovation of on-reserve housing.
- b. Capital Construction Funding:** to plan, design, construct and maintain education and other community facilities.
- c. Facilities Maintenance Funding** is provided to assist First Nations with the cost of operating and maintaining educational facilities and other community infrastructure facilities.
- d. Funding for Advisory Services and Program Support**
  1. Housing Management
  2. Band Community Housing Planning
  3. Technical Assistance for Housing
  4. Training
  5. Housing Inspections
  6. Maintenance Management
  7. Fire Safety

### **KEY TERMS**

#### **Capital Assets**

Capital assets are permanent resources in the community such as houses, schools, community buildings, roads, electricity, sewage disposal, water delivery systems and equipment. There are five categories of assets:

1. buildings;
2. utilities [includes water supply and disposal equipment such as water mains, community wells, hydro-electricity, street lights, diesel generators, landfills, refuse sites and incinerators];
3. grounds [includes grass, trees, sidewalks and parking compounds];
4. transportation [includes any form of transportation infrastructure such as roads, bridges, ditches, and ferries]; and
5. vehicles [includes fire, garbage, water and sewage trucks].



### **Operation and Maintenance of Capital Assets**

The performance of work or services and the provision of materials and energy to ensure the day-to-day proper functioning of an asset (e.g., the work activities and associated chemicals and fuel to run a water treatment plant).

### **Capital Funding**

Capital funding is any money that is received by First Nations to identify, plan, design, construct, renovate or purchase capital assets.

### **Facilities**

A facility is anything that is built or installed to serve a specific need in a First Nations community. For example, a recreation hall is a facility because it provides a place for people to meet. Facilities form part of the infrastructure of a community.

### **Infrastructure**

Infrastructure refers to capital assets that are long-term resources held in common for the benefit of the entire community. Infrastructure includes bridges, roads, wells, water and sewage systems and electricity.

### **Capital Projects**

Capital projects involve the planning, building, renovation or improvement of the capital assets of a community. To receive funding for a capital project, First Nations must submit a project cost estimate, schedule and implementation plan according to the requirements of their funding arrangement. Reports are required for projects worth \$1 million and over.

### **Capital Plan**

A capital plan lists the capital projects over a five-year period. Capital plans give the estimated costs of new capital projects and show which projects are the most important. These projections should be updated every year to reflect any changes that take place.

### **Housing Units**

A housing unit is any self-contained dwelling unit on a reserve or settlement with at least one bedroom. It is considered to be a main residence, rather than a seasonal or vacation home, whether or not it is presently occupied or in need of renovation or repair. A housing unit can be a detached or semidetached house, a mobile home, a row house or a multi-unit residence such as an apartment, condominium, duplex or triplex, where each unit is counted separately.

### **Special Purpose Units**

Special purpose units are self-contained houses that provide on-site care facilities. Examples are: children's aid homes, halfway houses, shelters for homeless people, homes for single mothers, shelters for those experiencing family violence, homes for drug and alcohol rehabilitation programs, residences for physically or mentally disabled adults or children, and nursing homes.

## WHAT NEEDS TO BE SUBMITTED AND WHEN?

First Nations councils are required to submit the following reports on Capital Facilities and Maintenance.

### FIRE

✎ Fire Protection Services (summary of fire suppression, prevention, education, inspection and engineering services provided on the reserve) *{refer to page 14}*.

**DUE March 31 for the previous calendar year.**

✎ The annual Fire Losses report (inventory of fire losses from previous calendar year) *{refer to page 16}*.

**DUE March 31 for the previous calendar year.**

### CAPITAL PROJECTS

✎ Progress Report on Capital Projects (for capital projects funded through a funding arrangement which requires progress reports) *{refer to page 18}*.

**DUE monthly or as per the terms of the funding agreement.**

✎ Certificate of Completion for Capital Projects *{refer to page 20}*.

**DUE within 90 days after any capital project is completed.**

✎ Five Year Capital Plan (annual update) *{refer to page 22}*.

**DUE March 31 for previous calendar year.**

### HOUSING AND INFRASTRUCTURE

**DUE March 31** for the previous calendar year ending March 31.

✎ Housing Conditions *{refer to page 24}*

✎ Water Delivery System *{refer to page 26}*

✎ Sewage System *{refer to page 28}*

✎ Housing Totals *{refer to page 30}*

✎ Community Services *{refer to page 32}*

**DUE March 31** for the previous calendar year.

✎ Community-based Housing Plan submission *{refer to page 36}*

### SCHOOLS

**DUE March 31** for the previous calendar year ending March 31.

✎ Schools Annual Report *{refer to page 34}*.

### CAPITAL ASSETS

**DUE March 31** for the previous calendar year ending March 31.

✎ Changes in Capital Assets *{refer to page 38}*

✎ Completed ACRS Project *{refer to page 40}*

✎ Asset Operation and Maintenance (O&M) Review *{refer to page 42}*

✎ Maintenance Management Plan *{refer to page 44}*.

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **FIRE**

The two forms to fill out for the fire protection report are designed to help each First Nation compile the following information.

- ▶ Identify whether suppression, prevention, education, inspection and engineering services were provided on the reserve.
- ▶ Compile an inventory of the past year's fire losses. This includes the number of houses or other buildings destroyed and/or damaged, the number of deaths and injuries from fire.

**FIRE PROTECTION** means the protection of life and the safety of persons and property from fire, and it includes everything relating to preventing, detecting, containing and extinguishing fires and alerting persons to fire's presence.

The following definitions may be used in conjunction with fire protection services.

**SUPPRESSION**, commonly referred to as fire fighting, refers to extinguishing and controlling of fires.

**PREVENTION** refers to those activities carried out to prevent fires from occurring [e.g., participation of a community in fire prevention week, distribution of literature to homes, the inclusion of fire protection messages in the local media, fire prevention contests]. Note: Although they are closely related activities, the term "prevention" excludes the more specific definitions for "inspection" and "education."

**INSPECTION** refers to fire inspection services and is of two types. The first includes the periodic examination of buildings by a trained and qualified inspector to determine if construction maintenance and operation conform to applicable fire safety codes, standards and requirements. The second includes the inspection of homes and smaller buildings of simple design and construction. This inspection is usually carried out by a trained member of the community fire brigade or department.

**ENGINEERING** includes the services of a qualified professional engineer to examine building plans and specifications; inspect building projects in progress; and/or participate in the takeover of a building to ensure the structure, services, fire detection and fire fighting systems conform to applicable drawings, specifications, codes, standards and regulatory requirements.

**EDUCATION** includes training programs designed to inform community members, normally children and seniors, on applicable fire protection matters including prevention and emergency response. The "Learn Not To Burn" curriculum is a typical example of the type of program included in a well-managed education plan.

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **CAPITAL PROJECTS [INCLUDING HOUSING]**

#### **Progress Report on Capital Projects**

Regular progress reports are needed on capital projects undertaken by First Nations when funding is through a funding arrangement which requires progress reports. These are required for the cash management policy to ensure that further advances are justified. Progress reports usually must be received by DIAND for the next payment to be released. They should include the following information:

- ▶ the type of capital project and a description of work performed to date;
- ▶ the estimated cost of work performed to date;
- ▶ a comparison of work and costs to date with original project plans; and
- ▶ an explanation of any variances between planned and actual progress and costs, and steps taken to resolve problems.

#### **Certificate of Completion on Capital Projects**

A Certificate of Completion showing that a capital project is finished must be completed at the end of every capital project. This is required before funding for operation and maintenance can be provided.

The Certificate of Completion should be filed with the overall project completion report within six months of project completion. It must be signed by the project manager after inspection by a CMHC-approved building inspector [for housing projects] or by another qualified inspection authority [for public buildings or facilities where public health and safety are involved].

Inspection reports or certificates by these authorities should be attached to the completion certificate. The certificate of completion indicates that:

- ▶ all project details are finalized;
- ▶ there are no outstanding defects, deficiencies, incomplete work or outstanding claims or payments are listed;
- ▶ all construction, whether housing or otherwise, meets with building code and/or fire, health, safety and environmental requirements; and
- ▶ in the case of housing, septic systems have been inspected and approved by Health Canada.

#### **Five Year Capital Plan**

First Nations are required to submit an annual update of their Five Year Capital Plan. This list provides a projection for upcoming capital projects and forms the basis for the region's capital funding in the following fiscal years.

## **CAPITAL FACILITIES AND MAINTENANCE**

---

### **HOUSING AND INFRASTRUCTURE**

Information is required from First Nations about changes in housing, housing infrastructure and community services. These data are provided to DIAND's regional offices once a year. This information is required to demonstrate a measure of progress and accountability to Parliament as well as for planning purposes to determine outstanding requirements. The data are used in the computerized Capital Management Database [CMDB]. The regional offices of DIAND will provide a copy of the previous year's report to bands for corrections and additions.

#### **Information requirements for Housing and Infrastructure include:**

- ▶ the number of new, deleted and renovated housing units;
- ▶ the number of units used for special purposes;
- ▶ the type of plumbing and water delivery system to each unit; and
- ▶ the type of sewage disposal system for each unit.

#### **Information on Community Services that must be updated every year include:**

- ▶ the type of electrification service provided to the community;
- ▶ whether or not there is road access all year round within the community;
- ▶ the health and hygiene standard of the community's solid waste disposal system; and
- ▶ the type of fire protection services provided to the community.

The following summaries of reporting requirements can be used by First Nations to prepare for annual reporting in this area.

#### **REPORTING REQUIREMENTS: Housing Conditions**

- ▶ How many houses require major renovations because they failed to meet minimum National Building Code standards in several areas? May include repairs to structural faults such as foundation or roofing problems, unsafe steps or stairways, interior structural problems [falling plaster from walls and ceilings and defective plumbing and wiring].
- ▶ How many houses require replacement? These are houses that are no longer habitable, as a result of fires or other natural disasters, or are declared unsafe or unfit for human habitation by a certified inspector because they do not meet basic quality standards and cannot be economically renovated to an acceptable standard.
- ▶ How many houses meet minimum National Building Code standards [i.e., no structural defects], but require normal repairs and upgrading to maintain the useful life of the unit?
- ▶ How many houses lack basic indoor plumbing facilities? These are houses that do not have an indoor toilet, hot and cold running water, a bath or a shower.

### **REPORTING REQUIREMENTS: Water Delivery System**

- ▶ The number of housing units that receive water from a piped pressurized water system and from wells.
- ▶ The number of housing units with water services provided by a truck. Type A trucked water is delivered to the house and there is a cistern and pressurized system to take the water into the house. Type B trucked water is stored in 45-gallon barrel drums but the house does not have the plumbing to receive water from a cistern and pressurized system.
- ▶ The number of housing units with a water service other than the above categories or with no water service at all.
- ▶ Information is required on the hygiene and health quality of the domestic water supply, according to the *Guidelines for Canadian Drinking Water Quality*.

### **REPORTING REQUIREMENTS: Sewage Disposal System**

- ▶ The number of housing units with wastewater disposal provided by a piped system, by a septic tank and field, or by a septic truck.
- ▶ The number of housing units with wastewater disposal provided by other means or with no wastewater service.
- ▶ The health and hygiene standards of the sewage disposal system of housing units have to be assessed. Sewage disposal can be categorized according to whether or not it meets provincial/territorial standards and if it poses an environmental threat. Information must be provided about the number of housing units that fall into each of the above categories or that do not have any sewage disposal service.

### **REPORTING REQUIREMENTS: Housing Totals**

- ▶ The number of new housing units completed.
- ▶ The number of housing units used for "special purposes".
- ▶ The number of houses destroyed as a result of fire or natural disasters, or demolished due to poor conditions. These are referred to as "deleted units."
- ▶ Houses where renovations have been completed.
- ▶ The total number of housing units.

## **REPORTING REQUIREMENTS: Community Services**

[electrification, road access and solid waste disposal, fire protection]

### **To be completed only if there were changes to last year's report.**

- ▶ For electrification, the type of community service falls into one of these categories: no service; grid; diesel generated, full service; diesel generated, restricted service; other generated, full service; and other generated, restricted service.
- ▶ Road access refers to whether or not there is adequate access all year round within the community.
- ▶ Information on solid waste disposal for the community is required to assess its adequacy according to provincial/territorial practices, whether or not it poses a health or environmental threat, or if no service is provided at all.
- ▶ For fire protection, the type of community service falls into one of three categories:
  - service which has been verified by a site survey conducted by a fire protection specialist;
  - service which is not verified; and
  - no service.

## **REPORTING REQUIREMENTS: Community-based Housing Plan**

A requirement for First Nations being funded under the new on-reserve Housing Policy or the Housing Demonstration Initiative is the submission, on a yearly basis, of an update of their community-based housing plan.

First Nations may be required to provide, in this plan, information such as:

- ▶ changes in local housing policies and programs;
- ▶ community housing conditions;
- ▶ maintenance and insurance activities;
- ▶ actual and proposed new construction and renovation activities;
- ▶ measures to link housing activities with community infrastructure, training, employment and business development; and
- ▶ a resource plan to undertake the proposed housing activities.

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **SCHOOLS**

Information is required from First Nations concerning the number of classrooms and special purpose rooms in schools on the reserve. These data are used in the computerized Capital Assets Management System [CAMS]. The regional offices of DIAND will provide a copy of the previous year's report to bands for corrections and additions.

The following summary of information requirements is a guide that can be used by First Nations in preparing for annual reporting in this area. Due date is March 31, for fiscal year ending March 31.

#### **REPORTING REQUIREMENTS: Schools**

The total number of classrooms used by each of the following categories:

- ▶ kindergarten
- ▶ elementary grades
- ▶ secondary grades

The number of special purpose classrooms available. These include rooms that are used at any school level such as:

- ▶ gymnasiums
- ▶ libraries
- ▶ science labs
- ▶ home economics classrooms
- ▶ industrial arts workshops
- ▶ multi-purpose rooms



## **CAPITAL FACILITIES AND MAINTENANCE**

---

### **CAPITAL ASSETS**

Detailed information on changes in capital assets is required from First Nations each year to update the computerized Capital Assets Management System [CAMS].

#### **REPORTING REQUIREMENTS: Changes in Capital Assets**

First Nations are required to report directly to the department on additions, deletions or modifications to capital assets. Detailed information is required on new capital assets [excluding housing], capital assets that have been destroyed or disposed of during the past fiscal year and capital assets that have been modified or improved in some way.

For each capital asset, the report must include:

- ▶ the asset number, asset extension number, class and sub-class;
- ▶ the quantity of the asset;
- ▶ the capital cost of the asset and the year in which it was originally purchased;
- ▶ a description of the asset's use and purpose;
- ▶ the category of asset — building, utility, grounds, transportation or vehicles; and
- ▶ details on what type of addition, deletion or modification has taken place.

#### **REPORTING REQUIREMENTS: Completed ACRS Project**

First Nations are asked to provide information and assistance to inspectors contracted by the bands and/or tribal councils with DIAND funding who gather information on the condition of capital assets. Inspectors provide a report for the centralized Asset Condition Reporting System [ACRS]. They are usually provided in advance with summary information on existing assets by the regional offices of DIAND. This summary information includes asset numbers, extension numbers and the number of ACRS projects.

A report on the condition of capital assets is due once per year for each fiscal year. Details on reporting procedures and deadlines are available from the regional offices of DIAND.

#### **REPORTING REQUIREMENTS: Asset Operation and Maintenance (O&M) Review**

First Nations are required to provide information on asset O&M effort as rated by inspectors through the ACRS process, or as rated annually by First Nations' maintenance personnel for asset groups that did not receive ACRS inspections.

**This reporting requirement is applicable only to First Nations funded under CFA or First Nations funded under AFA but whose O&M budget is administered outside of the AFA agreement.**

**REPORTING REQUIREMENTS: Maintenance Management Plan**

First Nations are required to prepare an annual Maintenance Management Plan. This plan must include:

- ▶ an inventory list;
- ▶ performance standards for each asset [e.g., activities, frequencies, schedules, quality standards];
- ▶ assignment of work; and
- ▶ asset maintenance records.

***CAPITAL FACILITIES AND  
MAINTENANCE***

***FORMS, INSTRUCTIONS,  
DATA DEFINITIONS  
and SOURCES***

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **FIRE PROTECTION SERVICES**

#### **INSTRUCTIONS**

**DUE DATE:** Due March 31, to cover the previous calendar year from January 1 to December 31.

- ▶ Fill in the year that this form covers.
- ▶ Fill in the reserve information, including the name of the reserve, population, number of housing units. Check either YES or NO to indicate whether the reserve has fire hydrants.
- ▶ Check one box here, to indicate if the fire protection service is provided by a nearby municipality or by a brigade of volunteer fire fighters.
- ▶ Please check either YES or NO to the following questions:
  - Was fire education carried out on the reserve?
  - Were fire inspections carried out?
  - Were fire suppression activities carried out on the reserve?
  - Were fire prevention activities carried out last year?
  - Were fire engineering activities carried out on the reserve?
- ▶ The form should be signed and dated by the person preparing the report, as well as, the fire chief.



# FIRE PROTECTION SERVICES

FOR THE YEAR \_\_\_\_\_

## RESERVE INFORMATION

RESERVE

Population	Number of Housing Units	Fire Hydrants <b>G</b> Yes <b>G</b> No
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## FIRE PROTECTION

Who provides your fire protection?

**G** Volunteer Brigade

**G** Municipal Agreement

Name of Municipality:

- |  |              |             |
|--|--------------|-------------|
| 1. Was public education on Fire Protection/Prevention provided in the last year? | <b>G</b> Yes | <b>G</b> No |
| 2. Were fire inspection activities carried out last year?                        | <b>G</b> Yes | <b>G</b> No |
| 3. Were fire suppression activities carried out last year?                       | <b>G</b> Yes | <b>G</b> No |
| 4. Were fire prevention activities carried out last year?                        | <b>G</b> Yes | <b>G</b> No |
| 5. Were any engineering activities carried out last year?                        | <b>G</b> Yes | <b>G</b> No |

Prepared by:	Signature:	Date:
Fire Chief:	Signature:	Date:

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **FIRE LOSSES**

#### **INSTRUCTIONS**

**DUE DATE:** Due March 31 for the previous calendar year.

- ▶ Put in the calendar year that this report covers.
- ▶ Fill out the name of the reserve at the top.
- ▶ Fill in the date and address of the fire.
- ▶ Give the total number of people injured.
- ▶ Give the total number of adult deaths and children deaths.
- ▶ Give the number of houses or other buildings destroyed and/or damaged.
- ▶ Fill in the dollar amount of losses.
- ▶ Add up all the figures given in each of the last six columns.
- ▶ The person preparing the report should sign and date it.



# FIRE LOSSES ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

RESERVE: \_\_\_\_\_

Date	Address	No. Injured	No. Deaths: Adult	No. Deaths: Children	No. of Buildings Damaged	No. of Buildings Destroyed	Losses in \$
<b>TOTAL</b>							

Prepared by: _____	Date: _____
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## **CAPITAL FACILITIES AND MAINTENANCE**

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### **PROGRESS REPORT ON CAPITAL PROJECTS**

#### **INSTRUCTIONS**

**DUE DATE:** For capital projects funded through a funding arrangement which requires progress reports, progress reports are due monthly or as per the terms of the funding agreement. The final progress report can be sent to DIAND with the Certificate of Completion.

Consult the individual project schedule and budget plan or contact the DIAND regional office for more information.

- ▶ Fill out the name of the First Nation, the Reserve, and project title. The project number and arrangement number can be obtained from the regional office of DIAND.
- ▶ Fill in the project start date, the completion date and the period this report covers.
- ▶ Briefly describe the physical progress that has been made in the main parts of the project, and compare the progress made to the original project schedule. Indicate whether the project is behind, on or ahead of schedule.
- ▶ Show the amount spent on each phase of the project to date, compared with the total amount originally budgeted in the planned cash flow for the project.
- ▶ Describe any changes that have been made in the project schedule or budget. If costs have increased, or if the project is behind schedule, provide a clear explanation of why this has happened. Describe briefly what is being done to make sure the project meets the original plan and deadline. Please add extra sheets if necessary. Put information given on the top of each extra sheet.
- ▶ The report form must be signed and dated by the First Nation's authorized project manager.





# PROGRESS REPORT ON CAPITAL PROJECTS

**First Nation Name and Reserve Name**

Project Number

Funding Arrangement Number

Project Title

**SCHEDULE FOR PROGRESS REPORTS**

Project Start Date

Progress Report for the Period

**From:**

**To:**

Completion Date

**WORK PROGRESS COMPARED TO ORIGINAL PROJECT SCHEDULE (TIME)**

	Work done to date (%)	Work planned to date (%)	Variance (%)
1. DESIGN			
2. CONSTRUCTION			
3. COMMISSION (or start-up)			

**STATEMENT OF EXPENDITURES COMPARED WITH PLANNED CASH FLOW BUDGET (COST)**

	Spent to Date	Budgeted	Variance (%)
1. DESIGN			
2. CONSTRUCTION			
3. COMMISSION (or start-up)			

**EXPLANATION OF VARIANCES BETWEEN WORK PLANNED AND COMPLETED WORK (Time and Cost)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE**

Project Manager authorized by First Nation's Council:

Date:

Received at DIAND by:

Date:

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **CERTIFICATE OF COMPLETION FOR CAPITAL PROJECTS**

#### **INSTRUCTIONS**

**DUE DATE: The certificate must be completed within 90 days after any capital project is completed and submitted to the regional office of DIAND.**

- ▶ Fill in the First Nation name, the Reserve name, the project title, project number and funding arrangement number.
- ▶ Check each box if completed.
- ▶ List the reports or supporting documents attached.
- ▶ The certificate has to be signed and dated by the project manager authorized by the First Nation's council.

First Nations have the responsibility to ensure that all work is carried out according to the agreement. If there are flaws in the work, incomplete work or work that has not been done according to the agreement, then the First Nation has to negotiate with the contractor to ensure that everything is completed.

The capital project has to be inspected to ensure that all work meets the technical specifications. For housing projects, a CMHC-approved inspector must be used for building inspection, and a Health Canada inspector has to approve the septic system. For other projects, inspection must be done by a qualified professional inspector. **Each inspector should provide a separate official inspection report to the First Nations, a copy of which must be attached to the Certificate of Completion.**



# CERTIFICATE OF COMPLETION FOR CAPITAL PROJECTS

## INFORMATION

<b>First Nation Name and Reserve Name</b>	
Project Number	Funding Arrangement Number
Project Title	

- G** 1. All details of the product are resolved.
- G** 2. The “As Constructed” plans are available.
- G** 3. There is no flaw, omission, uncompleted work, claim or outstanding payment.
- G** 4. The construction complies with all requirements of applicable codes and standards.
- G** 5. Official inspection report(s) or certificate(s) by qualified inspector(s) is attached.

List the reports or supporting documents attached:

e.g., Fire commissioner (Labour Canada)  
 Environmental Licence (Provincial)  
 Health Canada (water, sewage, testing, etc.)  
 Worker’s Compensation (Safety & Labour Conditions)  
 Survey & Soil Testing Reports, Concrete Testing Reports,  
 etc.

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Signature of Project Manager or Person Authorized by the Band Council:	Date:
Received by DIAND:	Date:

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **FIVE YEAR CAPITAL PLAN**

#### **INSTRUCTIONS**

**DUE DATE:** An updated capital plan must be prepared once each year before capital funds are released to First Nations. Due March 31.

- ▶ Fill in the name of the Reserve.
- ▶ List individual projects that are funded by DIAND, those that are funded from other sources and any projects that involve shared cost. Fill in the project name or description, the total cost of the project over a five-year period and the total amount spent on the project to date.
- ▶ Give the estimated cost of each capital project for each of the next five fiscal years, starting with the current fiscal year.
- ▶ Calculate separately the totals for DIAND and other projects. For DIAND-funded projects, the total project costs for the current fiscal year should not be more than the capital allocation under the approved funding arrangement.
- ▶ Give the total five-year projection for each capital project.
- ▶ The band councillors and chief should sign and date both parts of the capital plan.



# FIVE YEAR CAPITAL PLAN

**RESERVE:** \_\_\_\_\_

Source of Funds	Project Name or Description	Total Cost	Spent to Date	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Fiscal Year 5	TOTAL DIAND	TOTAL OTHER
<b>Total DIAND</b>										
<b>Total OTHER</b>										

<b>Chief:</b>	<b>Date:</b>	<b>Councillor:</b>	<b>Date:</b>
<b>Councillor:</b>	<b>Date:</b>	<b>Councillor:</b>	<b>Date:</b>

**CAPITAL FACILITIES AND MAINTENANCE**  
**HOUSING AND INFRASTRUCTURE**  
**HOUSING CONDITIONS**

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**INSTRUCTIONS**

**DUE DATE:** Due annually on March 31 for the previous fiscal year ending March 31.

- ▶ Fill out the name of the First Nation and the date. Please also indicate the reserve name for the report. Include a copy of this form for each reserve.
- ▶ Fill out the number of houses which require major renovations because they failed to meet minimum National Building Code standards.
- ▶ Fill out the number of houses requiring replacement.
- ▶ Fill out the number of houses which meet minimum National Building Code standards but require minor renovations and upgrade to maintain useful life.
- ▶ Fill out the number of houses lacking basic indoor plumbing facilities.
- ▶ Sign and date the form.



# HOUSING AND INFRASTRUCTURE

## HOUSING CONDITIONS

### ANNUAL REPORT

<b>FIRST NATION NAME</b>	<b>DATE</b>
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**RESERVE NAME**

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How many houses need Major Renovations because they failed to meet minimum National Building Code standards in several areas? \_\_\_\_\_

How many houses require Replacement? \_\_\_\_\_

How many houses meet minimum National Building Code standards (i.e., no structural defects), but require normal repairs and upgrading to maintain the useful life? \_\_\_\_\_

How many houses lack basic indoor plumbing facilities? These are houses that do not have an indoor toilet, hot and cold running water, a bath or a shower. \_\_\_\_\_

<b>Prepared by:</b>	<b>Title:</b>	<b>Date:</b>
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**CAPITAL FACILITIES AND MAINTENANCE**  
**HOUSING AND INFRASTRUCTURE**  
**WATER DELIVERY SYSTEM**

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**INSTRUCTIONS**

**DUE DATE:** Due annually on March 31 for previous fiscal year ending March 31.

- ▶ Fill out the name of the First Nation and the date. Please also indicate the reserve name. Include a form for each reserve.
- ▶ Fill out the number of housing units with one of the water delivery systems listed.
- ▶ Fill out the number of housing units with a water supply which falls into the categories listed.
- ▶ Sign and date the form.

Please refer to **Data Elements Definitions and Source** *{page 51}* for an explanation of the types of water delivery systems and water supply categories.



# HOUSING AND INFRASTRUCTURE

## WATER DELIVERY SYSTEM

### ANNUAL REPORT

<b>FIRST NATION NAME</b>	<b>DATE</b>
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**RESERVE NAME**

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How many housing units receive one of the following types of Water Delivery Systems?

- Piped**
- Community Well**
- Individual Well**
- Truck A**
- Truck B**
- Other**
- No Service**

How many housing units with Water Supply can be categorized into the following?

- Category 1**
- Category 1A**
- Category 2**
- Category 2A**
- Category 3**

<b>Prepared by:</b>	<b>Title:</b>	<b>Date:</b>
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**CAPITAL FACILITIES AND MAINTENANCE**  
**HOUSING AND INFRASTRUCTURE**  
**SEWAGE SYSTEM**

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**INSTRUCTIONS**

**DUE DATE:** Due annually on March 31 for previous fiscal year ending March 31.

- ▶ Fill out the name of the First Nation and the date. Please also indicate the reserve name. Include a form for each reserve.
- ▶ Fill out the number of housing units with one of the sewage systems listed.
- ▶ Fill out the number of housing units with a sewage system which falls into the categories listed.
- ▶ Sign and date the form.

Please refer to **Data Elements Definitions and Source** *{page 52}* for an explanation of the types of sewage systems and disposal system categories.



# HOUSING AND INFRASTRUCTURE

## SEWAGE SYSTEM ANNUAL REPORT

<b>FIRST NATION NAME</b>	<b>DATE</b>
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**RESERVE NAME**

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How many housing units have one of the following types of Sewage System service?

- Piped**
- Community Septic Field/Tank**
- Individual Septic Field/Tank**
- Septic Truck**
- Other**
- No Service**

How many housing units with Sewage Disposal system can be categorized into the following?

- Category 1**
- Category 2**
- Category 3**

<b>Prepared by:</b>	<b>Title:</b>	<b>Date:</b>
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**CAPITAL FACILITIES AND MAINTENANCE**  
**HOUSING AND INFRASTRUCTURE**  
**HOUSING TOTALS**

---

**INSTRUCTIONS**

**DUE DATE:** Due annually on March 31 for the previous fiscal year ending March 31.

- ▶ Fill out the name of the First Nation and the date. Please also indicate the reserve name. Include a form for each reserve.
- ▶ Fill out the number of new houses built.
- ▶ Fill out the number of houses used for special purposes.
- ▶ Fill out the number of houses deleted.
- ▶ Fill out the number of houses that had renovations completed.
- ▶ Fill out the total number of houses on the reserve.
- ▶ Sign and date the form.



# HOUSING AND INFRASTRUCTURE

## HOUSING TOTALS

### ANNUAL REPORT

FIRST NATION NAME	DATE
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RESERVE NAME
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How many new houses were built? \_\_\_\_\_

How many houses are used for "Special Purposes"? \_\_\_\_\_

How many houses were destroyed as a result of fire or other natural disasters, or demolished due to poor conditions? These are referred to as "Deleted" units. \_\_\_\_\_

How many houses had Renovations completed? \_\_\_\_\_

Total number of housing units on the reserve. \_\_\_\_\_

Prepared by:	Title:	Date:
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**CAPITAL FACILITIES AND MAINTENANCE**  
**HOUSING AND INFRASTRUCTURE**  
**COMMUNITY SERVICES**

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**INSTRUCTIONS**

*To be completed only if there were changes to last year's report.*

**DUE DATE:** Due annually on March 31 for the previous fiscal year ending March 31.

- ▶ Fill out the name of the First Nation and the date. Please also indicate the reserve name. Include a form for each reserve.
- ▶ Fill out the electrification code which applies to your community.
- ▶ Fill out the road access code which applies to your community.
- ▶ Fill out the solid waste disposal code which applies to your community.
- ▶ Fill out the fire protection code which applies to your community.
- ▶ Sign and date the form.



# HOUSING AND INFRASTRUCTURE COMMUNITY SERVICES ANNUAL REPORT

<b>FIRST NATION NAME</b>	<b>DATE</b>
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**RESERVE NAME**

**ELECTRIFICATION:**

Electrification services provided to the Community and identified by the following Codes and description are considered "Adequate":

- 1. Grid
- 2. Diesel Generated, Full Service
- 4. Other Generated, Full Service

**Please provide the code that applies to your Community.** \_\_\_\_\_

Electrification service provided to the Community and identified by the following Codes and description are considered "Inadequate":

- 0. No Service
- 3. Diesel Generated, Restricted Service
- 5. Other Generated, Restricted Service

**ROAD ACCESS:**

Road Access refers to access within a Community. Codes available are:

- 0. Inadequate
- 1. Adequate

**Please provide the code that applies to your Community.** \_\_\_\_\_

**SOLID WASTE DISPOSAL:**

Codes available are:

- 1. Household solid waste disposal is "Adequate"
- 2. Household solid waste disposal is "Inadequate"
- 3. No Service is provided

**Please provide the code that applies to your Community.** \_\_\_\_\_

**FIRE PROTECTION:**

Codes available are:

- 1. Service which is verified by a site survey conducted by a Fire Protection Specialist
- 2. Service which is not verified or does not meet the Level of Service Standard
- 3. No Service provided

**Please provide the code that applies to your Community.** \_\_\_\_\_

<b>Prepared by:</b>	<b>Title:</b>	<b>Date:</b>
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## **CAPITAL FACILITIES AND MAINTENANCE SCHOOLS**

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### **INSTRUCTIONS**

**DUE DATE:** Due annually on March 31 for previous fiscal year ending March 31.

- ▶ Fill out the name of the First Nation, the Reserve and the date. Please also indicate the name of the school. Additional copies of this form should be used for each school.
- ▶ Fill out the number of classrooms used by each category listed.
- ▶ Fill out the number of special purpose classrooms available.
- ▶ Sign and date the form.





# HOUSING AND INFRASTRUCTURE

## SCHOOLS

### ANNUAL REPORT

<b>FIRST NATION NAME AND RESERVE NAME</b>	<b>DATE</b>
<b>SCHOOL NAME</b>	

The total number of **Classrooms** used by each of the following categories:

Kindergarten	_____
Elementary Grades	_____
Secondary Grades	_____

The total number of **Special Purpose Classrooms** available. These include rooms that are used at any school level, such as:

Gymnasiums	_____
Libraries	_____
Science Labs	_____
Home Economics Classrooms	_____
Industrial Arts Workshops	_____
Multi-Purpose Rooms	_____

<b>Prepared by:</b>	<b>Title:</b>	<b>Date:</b>
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**CAPITAL FACILITIES AND MAINTENANCE**  
**HOUSING AND INFRASTRUCTURE**  
**COMMUNITY-BASED HOUSING PLAN**

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**INSTRUCTIONS**

**DUE DATE:** Due annually on March 31.

For First Nations being funded under the new on-reserve Housing Policy or the Housing Demonstration Initiative, a submission of an updated community-based housing plan is required on a yearly basis.

The information required includes information on community housing conditions, maintenance and insurance programs, actual and planned construction and renovation activities; linkages with community infrastructure (particularly servicing of existing and new housing lots) as well as training, employment and business development plans.

The submission will also include an updated resource plan for the next five years. This plan should provide an update to the information contained in the approved proposal which the First Nation submitted under the new Housing Policy or the Housing Demonstration Initiative.

The DIAND regional office should be contacted for further information regarding this information requirement or for a copy of the guidelines for the Development of First Nations Housing Proposals.

**HOUSING AND INFRASTRUCTURE:  
COMMUNITY-BASED HOUSING PLAN  
ANNUAL REPORT**

**\*Contact your DIAND regional office.**

## **CAPITAL FACILITIES AND MAINTENANCE**

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### **CAPITAL ASSETS**

### **CHANGES IN CAPITAL ASSETS**

#### **INSTRUCTIONS**

**DUE DATE:** Reports are needed once per year to cover each fiscal year. Due March 31.

Fill out one form for each asset that has been added, deleted or modified during the last fiscal year.

- ▶ Fill out the First Nation name, asset name, asset number, asset extension number, class and sub-class. The asset number, class and sub-class information should be available from DIAND regional offices.
- ▶ Fill in the site or location where the asset is found. Give the quantity of the asset if it consists of more than one unit or item. For new or old items, give the original capital cost at purchase. For old items, provide the year of original purchase or construction. Give a short description of the use of the asset if it is not clear from the name.
- ▶ The category of asset should be indicated:
  - A. **Buildings** [excludes housing].
  - B. **Utilities** [includes water supply and disposal equipment such as water mains, community wells, hydro-electricity, street lights, diesel generators, landfills, refuse sites and incinerators].
  - C. **Grounds** [includes grass, trees, sidewalks and parking compounds].
  - D. **Transportation** [includes any form of transportation infrastructure including roads, bridges, ditches and ferries].
  - E. **Vehicles** [includes fire trucks, garbage trucks, and water and sewage trucks].
- ▶ Check one box to indicate if the asset has been added, deleted or modified. Under the appropriate box, give a short description of the details or rationale for the change.
- ▶ The report should be signed and dated when complete.



# CHANGES IN CAPITAL ASSETS

**Please note:** Fill out one form for each asset that has been added, deleted or modified during the last fiscal year.

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**First Nation Name**

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Asset Name	Asset Number & Extension	Class	Sub-Class
Reserve Name	Quantity	Capital Cost	Year
Description or Use of Asset			

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**CATEGORY** (*Check one*)

**A. Buildings** Excludes Housing

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**B. Utilities** Includes water supply and disposal equipment such as water mains, community wells, hydro-electricity, street lights, diesel generators, landfills, refuse sites and incinerators.

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**C. Grounds** Includes grass, trees, sidewalks and parking compounds.

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**D. Transport** Includes any form of transportation infrastructure including roads, bridges, ditches and ferries.

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**E. Vehicles** Includes fire, garbage, water and sewage trucks.

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**HAS THIS ASSET BEEN...**

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**ADDED** *Provide Details*

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**DELETED** *Provide Details*

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**MODIFIED** *Provide Details*

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Prepared by:	Date:
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## **CAPITAL FACILITIES AND MAINTENANCE**

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### **CAPITAL ASSETS**

### **COMPLETED ACRS PROJECTS**

### **INSTRUCTIONS**

**DUE DATE:** Reports are needed once per year to cover each fiscal year. For deadlines, contact the regional DIAND office.

- ▶ Fill out the First Nation name and Reserve name. Write in the name of the person filling out the form.
- ▶ Fill in the date and the page number if there is more than one page.
- ▶ For each asset being reported on, fill in the asset number from Capital Asset Inventory System (CAIS).
- ▶ For each asset being reported on, fill in the asset extension number from CAIS.
- ▶ For each asset being reported on, fill in the project number assigned by ACRS.
- ▶ Fill in any remarks relating specifically to the updated condition of the particular asset being reported on.



## **CAPITAL FACILITIES AND MAINTENANCE**

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### **CAPITAL ASSETS**

### **ASSET OPERATION AND MAINTENANCE (O&M) REVIEW**

#### **INSTRUCTIONS**

**DUE DATE:** Reports are needed once per year to cover each fiscal year. For deadlines, contact the regional DIAND office. *This reporting requirement is applicable only to First Nations funded under CFA or First Nations funded under AFA but whose O&M budget is administered outside of the AFA agreement.*

- ▶ Fill out the First Nation name, the reserve name, and the name of the person completing the form. Include a form for each reserve.
- ▶ Fill out the date and the page number if there is more than one page.
- ▶ For each asset group that has received an Asset Condition Reporting System (ACRS) inspection, fill out rating of O&M effort as rated by the ACRS inspector. Rating scales are:
  - 0** = non-existent
  - 1** = substandard
  - 2** = acceptable
  - 3** = exemplary
  - 4** = not applicable
  - 5** = never inspected
- ▶ For each asset group that did not receive an Asset Condition Reporting System (ACRS) inspection, fill out the annual rating of O&M effort as rated by the First Nation's maintenance personnel. Rating scales are:
  - 0** = non-existent
  - 1** = substandard
  - 2** = acceptable
  - 3** = exemplary
  - 4** = not applicable
  - 5** = never inspected
- ▶ Fill out any remarks relating specifically to the O&M effort rating of the particular asset group being reported on.
- ▶ Using an identical rating scale and based on an assessment of the ACRS or annual O&M rating of the individual asset groups, fill out the overall O&M effort rating for the site. Provide remarks as required.





# ASSET OPERATION AND MAINTENANCE (O&M) REVIEW ANNUAL REPORT

<b>FIRST NATION NAME</b>	<b>DATE</b>	
<b>RESERVE NAME</b>		
<b>BY</b>	<b>PAGE</b>	<b>OF</b>

ASSET GROUP	ACRS O&M RATING	ANNUAL O&M RATING	REMARKS
School			
Teacherage			
Fire protection facilities			
Office			
Community hall			
Arena			
Personal care home			
Water supply			
Sewage disposal			
Solid waste disposal			
Bridges			
<b>OVERALL O&amp;M</b>			

**CAPITAL FACILITIES AND MAINTENANCE**  
**CAPITAL ASSETS**  
**MAINTENANCE MANAGEMENT PLAN**

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**INSTRUCTIONS**

**DUE DATE:** Reports are needed once per year to cover each fiscal year. For deadlines, contact the regional DIAND office.

- ▶ Fill out the First Nation name, Reserve name, and date.
- ▶ Answer the subsequent questions by putting a check mark in either the YES or NO box.
- ▶ The person authorized by the First Nation's Council should sign and date the form.



# MAINTENANCE MANAGEMENT PLAN ANNUAL REPORT

FIRST NATION NAME AND RESERVE NAME	DATE
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1. Inventory Lists (CAIS) updated as required.	Q YES	Q NO
2. Performance Standards updated as required.	Q YES	Q NO
3. Work assigned and inspections carried out as per schedule.	Q YES	Q NO
4. Operation and Maintenance records kept.	Q YES	Q NO
5. ACRS Updates prepared and submitted.	Q YES	Q NO

Signature of Maintenance Manager authorized by the First Nation	Date
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## **CAPITAL FACILITIES AND MAINTENANCE**

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### **DATA ELEMENTS DEFINITIONS and SOURCE**

This table describes the data to be collected and provides a justification for their inclusion. The various data elements are required for administrative, accountability and operational purposes.

For some data, the source is a formal document such as a completion certificate, a school register, or a university transcript. *For example, in Housing and Infrastructure, the source for data on the number of new housing units completed is a completion certificate signed by a qualified building inspector. This means data on the number of new housing units completed is gathered by counting the number of completion certificates. If 10 completed housing units are reported, there must be 10 completion certificates on file.* **For the Capital Facilities and Maintenance program data elements, the source for the data elements is as noted on the following tables.**

### **FIRE**

**FIRE PROTECTION SERVICES:** The following table describes the data to be collected and provides an explanation for their inclusion. As well, a source has been identified to aid First Nations with the data collection.

<b>Data Element</b>	<b>Description</b>
<b>First Nation Name</b>	Allows DIAND to link the report to the First Nation.
<b>First Nation Population</b>	Required for administrative and operational purposes. This information would be obtained from the population statistics count as of August 1.  <i>Source: Population Statistics Policy</i>
<b>Number of Housing Units</b>	Required for administrative and operational purposes.  Number of self-contained dwellings with at least one bedroom. Considered to be a main residence (as opposed to a seasonal or vacation home).  <i>Source: Band Manager / Band Administration</i>
<b>Provision of Fire Protection Services</b>	Required for planning and accountability purposes.  Whether the fire protection is provided by: Volunteer brigade. Municipal agreement.  <i>Source: Band Manager / Band Administration</i>

## FIRE

**FIRE LOSSES ANNUAL REPORT:** The information listed below is required for statutory and operational purposes. It is collected to monitor the number of fires and resulting losses on a national level.

<b>Data Element</b>	<b>Description</b>
<b>Address</b>	<i>Source: Fire Incident Report</i>
<b>Number of People Injured (divide into adults and children)</b>	<i>Source: Fire Incident Report</i>
<b>Number of Deaths - Adult</b>	<i>Source: Fire Incident Report</i>
<b>Number of Deaths - Children</b>	<i>Source: Fire Incident Report</i>
<b>Number of Buildings Damaged</b>	<i>Source: Fire Incident Report</i> Used to maintain DIAND's knowledge base on capital assets on reserves.
<b>Number of Buildings Destroyed</b>	<i>Source: Fire Incident Report</i> Used to maintain DIAND's knowledge base on capital assets on reserves.
<b>Losses in Dollars</b>	<i>Source: Fire Incident Report</i> Used to maintain DIAND's knowledge base on capital assets on reserves.

## CAPITAL PROJECTS

### PROGRESS REPORT ON CAPITAL PROJECTS OVER \$1 MILLION:

The following table describes what data are collected and provides an explanation for their inclusion. As well, a source has been identified to aid First Nations with the data collection.

<b>Data Element</b>	<b>Description</b>
<b>Project Number</b>	Required for operational, resourcing and accountability purposes.  <i>Source: Project Proposal</i>
<b>Project Title</b>	Required for operational, resourcing and accountability purposes.  <i>Source: Project Proposal</i>
<b>Project Start Date</b>	Required for operational, resourcing and accountability purposes.  <i>Source: Project Manager</i>
<b>Progress Report for the Period</b>	Required for operational, resourcing and accountability purposes.  <i>Source: Project Manager</i>
<b>Completion Date</b>	Required for operational, resourcing and accountability purposes.  <i>Source: Project Manager</i>
<b>Work Progress Compared to Original Project Schedule (Time)</b>	Required for operational, resourcing and accountability purposes. To assess project schedule (time) performance.  <i>Source: Progress Report Form Sub-total</i>
<b>Work Done to Date (%)</b>	To report work progress (%) in each phase to date (design, construction, commissioning or start-up)  <i>Source: Project Manager</i>
<b>Work Planned to Date (%)</b>	To indicate work planned (%) in each phase by this date (design, construction, commissioning or start-up)  <i>Source: Project Proposal</i>
<b>Variance between Work Done and Work Planned to Date (%)</b>	To assess time performance and control project schedule.  <i>Source: Project Manager</i>

<b>Data Element</b>	<b>Description</b>
<b>Actual Expenditures to Date (\$)</b>	<p>To report expenditures (\$) in each phase to date (design, construction, commission Required for operational, resourcing and accountability purposes. Continuing or start-up)</p> <p><i>Source: Project Manager</i></p>
<b>Budgeted Expenditures to Date (\$)</b>	<p>Required for operational, resourcing and accountability purposes.</p> <p>To indicate planned budget (\$) in each phase to date (design, construction, commissioning or start-up).</p> <p><i>Source: Project Proposal</i></p>
<b>Variance between Actual and Budgeted Expenditures to Date (\$ %)</b>	<p>Required for operational, resourcing and accountability purposes.</p> <p>To assess cost and performance.</p> <p><i>Source: Project Proposal</i></p>
<b>Explanation of Variances between Planned and Completed Work. (time and cost)</b>	<p>Required for operational, resourcing and accountability purposes.</p> <p>To assess time and cost performance and control cash flow accordingly.</p> <p><i>Source: Project Proposal</i></p>
<b>Source of Funds (for the capital project)</b>	<p>Required for operational, resourcing and accountability purposes.</p> <p>To control cash flow.</p> <p><i>Source: Project Proposal</i></p>

## HOUSING AND INFRASTRUCTURE

**HOUSING CONDITIONS ANNUAL REPORT:** Required for resourcing and policy purposes. It is also used for long-term capital planning and reporting to Parliament, central agencies and DIAND's senior management

<b>Data Element</b>	<b>Description</b>
<b>First Nation and Reserve Names</b>	<p>Will allow DIAND to identify the First Nation.</p> <p><i>Source: Band Council Resolution</i></p>
<b>Number of Houses that Need Major Renovations because They Failed to Meet the National Building Code Standards</b>	<p>Repairs to areas such as, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>- extensive structural faults such as rotting or sagging foundation, faulty roof or chimney;</li> <li>- unsafe outside steps or stairways in need of replacement;</li> <li>- interior structural problems; or</li> <li>- defective plumbing and/or electrical wiring that needs to be replaced or upgraded.</li> </ul> <p><i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i></p>
<b>Number of Houses Requiring Replacement</b>	<p>Consists of houses that are no longer habitable, as a result of fires or natural disasters, or are declared unsafe or unfit for human habitation by a certified inspector because they no longer meet basic quality requirements and cannot be economically renovated to an acceptable standard.</p> <p><i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i></p>
<b>Number of Houses Meeting the Minimum National Building Code Standards, but Needing Normal Repairs and Upgrading to Maintain the Useful Life</b>	<p>Repairs and upgrading such as replacing doors, windows, painting, etc.</p> <p><i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i></p>
<b>Number of Houses Lacking Basic Indoor Plumbing</b>	<p>Houses that do not have an indoor toilet, an assured supply of hot and cold running water, a bath or a shower.</p> <p><i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i></p>



## HOUSING AND INFRASTRUCTURE

**WATER DELIVERY SYSTEM:** Required for resourcing and policy purposes. Used for long-term capital planning and reporting to Parliament, central agencies and DIAND's senior management.

Data Element	Description
<p><b>Number of Housing Units Receiving a Water Delivery System</b></p>	<p>Number of houses receiving:</p> <p><b>Piped</b> - water service provided by a piped pressurized system.</p> <p><b>Community Well</b> - water service provided by a community well.</p> <p><b>Individual Well</b> - water service provided by an individual well.</p> <p><b>Truck A</b> - water service provided by a truck. The houses are plumbed to accept the truck service.</p> <p><b>Truck B</b> - water service provided by a truck and stored in 45 gallon drums.</p> <p><b>Other</b> - water service provided by other means.</p> <p><b>No Service</b> - no water service provided.</p> <p><i>Source: Housing Inspectors Report/ Band Housing Co-ordinator</i></p>
<p><b>Number of Houses with Water Supply</b></p>	<p><b>Category 1</b> - Pressurized water supply that satisfies the health-related requirements of the Guidelines for Canadian Drinking Water Quality (5th Edition-1993) and in volumes for various requirements of DRM 10-7/40.</p> <p><b>Category 1A</b> - Pressurized water supply that satisfies the volume requirements of DRM 10-7/40 but does not satisfy the health-related requirements of the Guidelines for Canadian Drinking Water Quality.</p> <p><b>Category 2</b> - A water supply that satisfies the health-related requirements of the Guidelines for Canadian Drinking Water Quality but does not satisfy the volume requirements of DRM 10-7/40 for adequate hygiene and safety purposes.</p> <p><b>Category 2A</b> - A water supply that does not satisfy the health-related requirements of the Guidelines for Canadian Drinking Water Quality and does not satisfy the volume requirements of DRM 10-7/40 for adequate hygiene and safety purpose.</p> <p><b>Category 3</b> - No service that meets water supply requirements.</p> <p><i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i></p> <p><i>Note: A water system should not be deemed inadequate because aesthetic objectives are exceeded. Aesthetic objectives are defined by GCDWQ. A water supply system should also not be deemed inadequate because of poor operator technique, neglect or improper operation.</i></p>

## HOUSING AND INFRASTRUCTURE

**SEWAGE SYSTEM:** Required for resourcing and policy purposes. It is also used for long-term capital planning and reporting to Parliament, central agencies and DIAND's senior management.

Data Element	Description
<p><b>Number of Housing Units per Type of Sewage System Service</b></p>	<p>Type of sewage system:  <b>Piped</b> - wastewater disposal provided by a piped system.  <b>Community Septic Field/Tank</b> - wastewater disposal provided by a septic tank and field.  <b>Individual Septic Field/Tank</b> - wastewater disposal provided by an individual septic tank and field.  <b>Septic Truck</b> - wastewater disposal provided by a septic truck.  <b>Other</b> - wastewater disposal provided by other means.  <b>No Service</b> - no wastewater service</p> <p><i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i></p>
<p><b>Number of Housing Units with Sewage Disposal System</b></p>	<p><b>Category 1</b> - household sewage is discharged from the housing unit to a collection and/or treatment system that is consistent with provincial/territorial practice and DRM 10-7/41 and does not constitute an environmental threat.  <b>Category 2</b> - household sewage is discharged from the housing unit to a collection and/or treatment system that is inconsistent with provincial/territorial practice and DRM 10-7/41 and poses a health or environmental threat.  <b>Category 3</b> - no service that meets sewage disposal requirements.</p> <p><i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i></p> <p><b>Note: A sewage system should not be deemed inadequate due to poor operation technique, neglect or improper operation.</b></p>

## HOUSING AND INFRASTRUCTURE

**HOUSING TOTALS:** Required for resourcing and policy purposes. Used for long-term capital planning and reporting to Parliament, central agencies and DIAND's senior management.

<b>Data Element</b>	<b>Description</b>
<b>Number of New Houses Built</b>	<p>Number of new units constructed within the given fiscal period.</p> <p><i>Source: Completion Certificate</i></p>
<b>Number of Houses Used for Special Purposes</b>	<p>Refers to self-contained housing, used as a principal residence, which includes on-site care services and facilities, related to residents' common physical, social and emotional condition or disability.</p> <p><i>Source: Band Housing Authority/Band Housing Coordinator</i></p>
<b>Number of Deleted Units</b>	<p>Number of units lost due to fire, natural disasters, etc. or demolished due to poor condition within the given fiscal period.</p> <p><i>Source: Band Housing Authority/Band Housing Coordinator</i></p>
<b>Number of Houses with Renovations Completed</b>	<p>Number of houses renovated during the given fiscal period.</p> <p><i>Source: Band Housing Authority/Band Housing Coordinator</i></p>
<b>Total number of housing units on the reserve</b>	<p>The total number of houses.</p> <p><i>Source: Band Housing Authority/Band Housing Coordinator</i></p>

## HOUSING AND INFRASTRUCTURE

**COMMUNITY SERVICES:** This information is required for resourcing and policy purposes. Used for long-term capital planning and reporting to Parliament, central agencies and DIAND’s senior management.

Data Element	Description
<b>Electrification</b>	<p>Electrification service provided to the community and identified by the following codes and descriptions are considered <b>“adequate”</b>:            1 - Grid, 2 - Diesel Generated, Full Service, 4 - Other Generated, Full Service</p> <p>Electrification service provided to the community and identified by the following codes and descriptions are considered <b>“inadequate”</b>:            0 - No Service, 3 - Diesel Generated, Restricted Service, 5 - Other Generated, Restricted Service</p>
<b>Road Access</b>	<p>Road access refers to access within a community. Do the majority of houses in the community have adequate road access? Codes available are:            0 - Inadequate 1 - Adequate</p>
<b>Solid Waste Disposal</b>	<p>Solid waste disposal codes available are:  <b>1</b> - Household solid waste disposal is defined as <b>“adequate”</b> if the solid waste is disposed to a facility consistent with provincial/territorial practice and DRM 10-7/42 and does not constitute an environmental threat.  <b>2</b> - Household sold waste disposal is defined as <b>“inadequate”</b> if the solid waste is disposed of to a facility that is inconsistent with provincial/territorial practice and DRM 10-7/42 and poses a health or environmental hazard.  <b>3</b> - No service provided.</p> <p><i>Source: Band Housing Authority, Band Housing Co-ordinator, Band Directors of Public Works, Band Managers</i></p>
<b>Fire Protection</b>	<p>Fire Protection Codes available are:  <b>1</b> - Service which is verified by a site survey conducted by a fire protection specialist and which either:                <b>a.</b> meets level of Service Standard - Apparatus and Fire Protection Equipment (PD 6.5) and Level of Service Standard - Fire Halls (PD 6.6) provided by a staffed and trained fire department; or                <b>b.</b> has a substitute mutual aid or Municipal Type Agreement which provides the required material and staff.  <b>2</b> - Service which:                <b>a.</b> is not verified by a site survey conducted by a fire protection specialist; and/or                <b>b.</b> does not meet the Level of Service Standard - Apparatus and Fire Protection Equipment (PD 6.5); and/or                <b>c.</b> does not provide a staffed and trained fire department and/or                <b>d.</b> does not have a mutual aid or Municipal Type Agreement to provide the required material and staff.  <b>3</b> - No service provided.</p> <p><i>Source: Fire Protection specialist inspection reports.</i></p>

## HOUSING AND INFRASTRUCTURE

**SCHOOLS:** This information is required for resourcing and policy purposes. Used for long-term capital planning and reporting to Parliament, central agencies and DIAND's senior management.

<b>Data Element</b>	<b>Description</b>
<b>Number of Classrooms Used by Each Category</b>	<i>Source: Building Certificates/Log Books/ School Register</i>
<b>Number of Special Purpose Classrooms Available</b>	<i>Source: Building Certificates/Log Books/ School Register</i>

## CAPITAL ASSETS

**CHANGES IN CAPITAL ASSETS:** The information, for each data element is required for operational, resourcing, planning and accountability purposes. It is also used to allocate resources, develop responses to ministerial and public inquiries, and to maintain DIAND's knowledge base.

Data Element	Description
<b>Asset Name</b>	<i>Source: CAIS</i>
<b>Asset Number</b>	The four-digit number code assigned to all assets.  <i>Source: Existing Assets - CAIS</i>
<b>Asset Extension Number</b>	Indicates how many assets have the same asset number. Each will have a different extension number.  <i>Source for Old Assets: CAIS</i> <i>Source for New Assets: DIAND</i>
<b>Class</b>	Numeric code 0-9 which corresponds to an asset class.  <i>Source: CAIS</i>
<b>Sub-class</b>	Code A-Z which corresponds to the asset sub-class.  <i>Source: CAIS</i>
<b>Reserve Name</b>	The name of the reserve in which the asset is located.  <i>Source for Old Assets: CAIS</i> <i>Source for New Assets: Band Administration</i>
<b>Quantity</b>	The quantity of the asset.  <i>Source for Old Assets: CAIS</i> <i>Source for New Assets: Band Administration</i>
<b>Capital Cost</b>	This includes the acquisition and construction cost.  <i>Source: CAIS</i>
<b>Description or Use of Asset</b>	This is in order to match the asset code to the asset.  <i>Source: CAIS</i>
<b>Category</b>	Five categories are available: A - Buildings B - Utilities C - Grounds D - Transport E - Vehicles  <i>Source: Capital Asset Inventory System</i>
<b>Status of the Asset</b>	Indicates whether the asset has been added, deleted, or modified. If so, provide details.

## CAPITAL ASSETS

### ASSET OPERATION AND MAINTENANCE (O&M) REVIEW ANNUAL

**REPORT:** This information is required for planning and accountability purposes. Used to develop capacity building plans and responses to ministerial and public inquiries, and reporting to the Auditor General.

<b>Data Element</b>	<b>Description</b>
<b>ACRS O&amp;M Rating</b>	Rating of O&M effort by ACRS inspector.
<b>Annual O&amp;M Rating</b>	Annual rating of O&M effort by the First Nation's maintenance personnel
<b>Remarks</b>	Describe O&M effort rating of an asset group or of the entire site.

**COMPLETED ACRS PROJECT ANNUAL REPORT:** This information is required for operational, resourcing, planning and accountability purposes. Used to allocate resources, develop responses to ministerial and public inquiries, and to maintain DIAND's knowledge base.

<b>Data Element</b>	<b>Description</b>
<b>ACRS Project Number</b>	This is the number assigned to the project.
<b>Remarks</b>	Describe condition of the asset.

# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## ECONOMIC DEVELOPMENT

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*



# **ECONOMIC DEVELOPMENT**

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## **OVERVIEW**

The Economic Development Program includes the following:

- Community Economic Development Program**
- Opportunity Fund**
- Resource Acquisition Initiative Program.**

As a departmental funding requirement, all funding recipients are required to submit an annual Economic Development Report or a Project Status Report which outline in a quantitative and qualitative manner the performance results that have been achieved.

### **Community Economic Development Program (CEDP)**

The Community Economic Development Program (CEDP) is DIAND's major economic development program, representing approximately 60% of DIAND's economic development program expenditures. The overall philosophy of CEDP is to encourage and establish community control over economic development.

CEDP is designed to provide long-term employment and business development opportunities to First Nations, Inuit and Innu by giving them the means to effectively manage skill development programs, economic institutions and business enterprises.

CEDP has two components for which funding is provided: Community Economic Development Organizations (CEDOs) and the Regional Opportunities Program (ROP). The annual Economic Development Report summarizes the results from these activities in the following areas:

- ▶ training and employment;
- ▶ business support;
- ▶ resource management support; and
- ▶ other economic development-related activities.

### **Opportunity Fund**

The objective of the Opportunity Fund is to provide "equity gap" funding to eligible recipients in order that they or one of their constituents can attract joint venture partners or secure conventional debt financing to take advantage of a business opportunity.

### **Resource Acquisition Initiative Program**

The Resource Acquisition Initiative Program objective is to assist First Nations, Inuit and Innu to establish viable resources businesses that will create employment and reduce social dependency through the acquisition of natural resource permits and licences, and/or funding resource sector and ancillary business opportunities.

## **KEY TERMS**

### **Community Economic Development Program**

#### **Project Funding and Investments**

Project funding and investments for economic development are contributions intended to support economic development in training and employment, business support, resource management support and other related economic development activities.

#### **Training and Employment**

The key aspects of training and employment usually involve the transfer of concrete skills to increase employment options. Examples include courses in accounting, small business development, computers or other technical areas.

#### **Business Support**

Business support includes providing repayable and non-repayable contributions, loans and/or technical support to new and existing First Nations, Inuit and Innu businesses. A "business" may be engaged in manufacturing, construction, transportation, agriculture, aquaculture or services. Key indicators for improved business support are increases in the number of new businesses, business expansions and jobs created.

#### **Resource Management Support**

The resource sector includes mining, mineral extraction, forestry, sawmills, fishing, hydro generation, wind-power generation and tourism. Resource management for economic development involves financial or technical support to these sectors, including any activity related to co-management or resource access negotiation.

#### **Other Economic Development-related Activities**

This section should include activities such as winter road management [in regions where winter roads are operated as economic development activities]. Also include expenditures on seminars, conferences, consultant studies and other related economic development activities.

## **WHAT NEEDS TO BE SUBMITTED AND WHEN?**

### **Community Economic Development Program**

📎 The Economic Development Report (summary of the economic development results from the previous fiscal year) *{refer to page 9}*.

**DUE June 30.**

### **Opportunity Fund/Resource Acquisition Initiative Program**

📎 Opportunity Fund/Resource Acquisition Initiative Project Status Report. *{refer to page 23}*.

**DUE : Twelve Months and Three Years after project start-up.**

## **ECONOMIC DEVELOPMENT**

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### **COMMUNITY ECONOMIC DEVELOPMENT PROGRAM**

CEDOs are managed by and accountable to First Nations, Inuit and Innu communities, and assume the delivery of programs and services previously provided by the department. CEDOs can be created by any of the following groups: Tribal Councils, bands and Inuit and Innu communities. Tribal Councils, bands, Inuit and Innu communities are responsible for setting policies, retaining control over CEDO services and ensuring that quality of service and accountability are maintained.

The stated objectives of the CEDO program are to: assist in developing community economic strategic plans; provide advisory services; plan business or resource development projects; provide contributions, repayable contributions or loans to community members for training, business and/or resource development projects; take or hold equity positions in private or community enterprises; and provide job-related training, employment programs and management of financial and technical services.

The second, and relatively minor, component of CEDP is the Regional Opportunities Program (ROP) which for historical reasons is only funded in Saskatchewan, Ontario, Quebec, NWT and the Atlantic. The goal of ROP is to provide the means to take maximum advantage of regional-wide economic opportunities through: the establishment of sectoral development advisory and extension services; by accessing/participating in federal-provincial economic agreements; or by making use of the programs and services of the federal sector departments. ROP can also fund policy research projects which are specific to the region, through political treaty organizations.

Keeping accurate records of individual economic events throughout the year will help in preparing this annual report. Information should also be included on projected results for the next fiscal year. *[This replaces the need for an annual operating plan as previously required by the Department of Indian Affairs and Northern Development (DIAND).]* Detailed statistics on results for the current and upcoming fiscal years must be compiled in the following areas:

- ▶ the number of training participants [whether or not they are social assistance recipients] and jobs obtained as a result of training;
- ▶ total number of training days;
- ▶ indirect training funds levered by the Community Economic Development Organization [CEDO];
- ▶ number of existing/new businesses that received technical support;
- ▶ the number of businesses started or expanded and the number of jobs created;
- ▶ indirect funds levered by the CEDO to support business expansions and new business startups;
- ▶ the number of resource projects that received technical support;
- ▶ the number of jobs created as a result of financial or technical support for resource management;
- ▶ indirect funds levered by CEDO to support Resource management activities;

- ▶ the number of other economic development activities the recipient is involved in and the number of jobs created as a result of these activities; and
- ▶ indirect funds levered by the CEDO to support other related activities.

Regional and national combined information will be made available for First Nations, Inuit and Innu use. Your DIAND regional office *{page 15 of the Introduction and User Guide Section}* will provide you with the forms and additional information. A sample of this form is included in this Guide.

**Maintaining accurate records**

To assist First Nations, Inuit and Innu peoples, an example of log forms *{which can be photocopied, modified and developed in electronic formats}* are also included in this document. The log forms are a means of recording the individual data and First Nations, Inuit and Innu peoples **do not** need to submit them with the Economic Development Report.

## **ECONOMIC DEVELOPMENT**

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### **OPPORTUNITY FUND/RESOURCE ACQUISITION INITIATIVE PROGRAM**

Eligible projects are business/resource projects that will establish or expand a viable business which will create sustainable jobs, enhance community wealth and reduce social dependency.

Eligible recipients include First Nation, Inuit and Innu Community Economic Development Organizations (CEDOs) that:

- ▶ have submitted an acceptable business plan;
- ▶ can substantiate an opportunity to establish a viable business/resource business and demonstrate the need for an equity contribution to complete the financing package;
- ▶ have the organizational development capacity with a proven record in business development; and
- ▶ have a record of regular and acceptable reporting.

The total of DIAND's contribution can not exceed the recipient's equity contribution nor can the total of all federal departments' economic development contributions exceed 40 percent of the total project costs. Where the total federal contribution is between 25 - 40 percent the project assessment should demonstrate why the contribution, of this size, is being recommended.

Neither contributions from the federal government (excluding CEDO cash equity) and/or other assets without a readily marketable cash value shall be considered as the recipient's equity when calculating the eligible matching contribution portion.

***ECONOMIC DEVELOPMENT  
(CEDP)  
FORMS, INSTRUCTIONS,  
DATA DEFINITIONS  
and SOURCES***

# **ECONOMIC DEVELOPMENT**

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## **1999-2000 ECONOMIC DEVELOPMENT REPORT**

### **INSTRUCTIONS**

**DUE DATE:** Due June 30 for previous fiscal year ending March 31.

**All applicable sections of the report should be completed.** To be considered complete, a form must have corresponding linkages between the financial information reported in **Section B** to the statistical results reported in **Section C**.

**Section A:** Fill out the recipient name [Band/Tribal Council/Other Organization], recipient number, name and title of the economic development contact person, telephone and facsimile number.

**Refer to Section A, page 11, on the attached notes for lines 101 to 107.**

**Section B:** List all revenues received and expenditures/investments incurred for economic development activities. **Funds provided to trainees, business/resource or other related projects that do not flow through the recipient, are not included in the section of the report. These funds must be reported in Section C, lines 309, 313, 317, 320 and 323.**

**Refer to Section B, page 11, on the attached notes for lines 201 to 218.**

**Section C:** This section is used to report the results of the revenues and expenditures reported in **Section B**.

**Refer to Section C, page 14, on the attached notes for lines 300 to 323.**

**Section D:** In this section describe the major initiatives/results for Training and Employment, Business Support, Resource Management Support and Other Economic Development Related Activities.

**Certification:** The person completing the report should print full name, position, sign and date the form.

# 1999/2000 ECONOMIC DEVELOPMENT REPORT

## A: IDENTIFICATION & AGREEMENT TYPE

101 Recipient: _____	102 Recipient #: _____
103 Contact: _____	104 Phone: _____
105 Position: _____	106 FAX: _____
107 Agreement Type (circle one):	CFA / AFA / FTA / CFNFA

## B: FINANCIAL SUMMARY

<u>REVENUES</u>		<u>EXPENDITURES/INVESTMENTS</u>	
201	DIAND, CEDP(CEDO/TOP) \$ _____	211	Administration/Operations: \$ _____
202	DIAND, OPP Fund/RAI \$ _____		<u>Project Funding:</u>
203	DIAND, Other (incl. RAN) \$ _____	212	Training/Employment \$ _____
204	HRDC, Pathways \$ _____	213	Business Support \$ _____
205	IC, ABC \$ _____	214	Resource Mgt. Support \$ _____
206	Other Federal: \$ _____		<u>Other:</u>
207	Prov/Terr/Muni: \$ _____	215	Ec devp related: \$ _____
208	Band Funds: \$ _____		<i>Other [specify]:</i>
209	Other: \$ _____	216	_____ \$ _____
210	<b>TOTAL Revenues:</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>	217	<b>TOTAL Expenditures:</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>

## C: STATISTICAL INFORMATION

	300 1999/2000 Actual	301 2000/2001 Proj.
<b><u>TRAINING and EMPLOYMENT RESULTS:</u></b>		
<b>Total # of people placed in training programs</b>		
302 # employed at time of training:		
303 # unemployed [and not in receipt of social assistance] at time of training:		
304 # in receipt of social assistance at time of training:		
305 # of people continuing in employment after training:		
306 # of unemployed people placed in employment after training:		
307 # of social assistance recipients placed in employment after training:		
308 Total number of training days:		
309 Indirect training funds [\$'s] levered by the recipient:		
<b><u>BUSINESS SUPPORT RESULTS:</u></b>		
<b>Total # of businesses assisted during the year [expansions]</b>		
310 # of existing businesses which received technical support:		
311 # of existing businesses expanded:		
312 # of jobs created by business expansions:		
313 Indirect funds [\$'s] levered by the recipient to support business expansions:		
<b>Total # of businesses assisted during the year [new starts]</b>		
314 # of new businesses which received technical support:		
315 # of new businesses started:		
316 # of jobs created by new businesses:		
317 Indirect funds [\$'s] levered by the recipient to support new businesses:		
<b><u>RESOURCE MANAGEMENT SUPPORT RESULTS:</u></b>		
318 # of resource projects which received technical support:		
319 # of new jobs created by these resource-related projects:		
320 Indirect funds [\$'s] levered by the recipient to support resource activities:		
<b><u>OTHER ECONOMIC DEVELOPMENT RELATED ACTIVITIES:</u></b>		
321 # of other related activities which received technical support:		
322 # of new jobs created by these other related activities:		
323 Indirect funds [\$'s] levered by the recipient to support other related activities:		



**D: NARRATIVE INFORMATION related to the 1999/2000 fiscal year**

**Major initiatives and results: [add other pages if necessary]**

**TRAINING and EMPLOYMENT**

*(also specify initiatives targeted at Social Assistance recipients)*

OBJECTIVES

RESULTS

<u>OBJECTIVES</u>	<u>RESULTS</u>

**BUSINESS SUPPORT**

OBJECTIVES

RESULTS

<u>OBJECTIVES</u>	<u>RESULTS</u>

**RESOURCE MANAGEMENT**

OBJECTIVES

RESULTS

<u>OBJECTIVES</u>	<u>RESULTS</u>

**OTHER ECONOMIC DEVELOPMENT RELATED ACTIVITIES / LINKAGES**

*(Housing construction, major capital projects, funds levered from other sources for or by client groups, etc.)*

OBJECTIVES

RESULTS

<u>OBJECTIVES</u>	<u>RESULTS</u>

**CERTIFICATION:**

Information provided here confirmed as correct by:

Signature

Date

Name

Position

## **ECONOMIC DEVELOPMENT**

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### **Notes on completing the 1999/2000 ECONOMIC DEVELOPMENT REPORT**

#### **Section A. Identification and Agreement Type:**

Line 101      **Recipient:** This is the name of the recipient that has received CEDO (Community Economic Development Organization) and TOP (Regional Opportunities Program) funding from DIAND. The recipient may be a Tribal Council, band, an Inuit or Innu community or group of communities, or a wholly owned non-profit community economic development corporation.

Line 102      **Recipient #:** This is the number assigned by DIAND for funding purposes.

Line 103      **Contact:** This is the name of the person who may be contacted regarding information on the form, and regarding operations of the CEDO or the TOP initiative. This person should generally be the senior Economic Development Officer.

Line 104      **Phone:** Telephone number of the contact person

Line 105      **Position:** Position title of the contact person

Line 106      **FAX:** Facsimile number used by the contact person.

Line 107      **Agreement type:** The agreement between DIAND and the funding recipient will be one of the following:

                 CFA, comprehensive funding arrangement

                 AFA, alternative funding arrangement

                 FTA, financial transfer agreement

                 CFNFA, Canada/First Nations Funding Agreement

*circle the type that applies*

#### **Section B. Financial Summary**

Please ensure that all financial information provided below is in accord with the Recipient's 1999-2000 Audited Financial Statements.

This section contains all revenues and expenditures related to the Community Economic Development Program and also includes any investments or loans made to aboriginal owned businesses in the service area\*. It also includes: administrative/operations, training/employment, business support, resource management support, and other economic development related expenditures for economic development initiatives in the service area.

For total revenues and expenditures the amounts are those related to the 1999/2000 fiscal year.

\*The *service area* refers to the geographic area covered by the Community Economic Development Program.

### ***Revenues***

- Line 201      **DIAND, CEDP (CEDO/ROP):** This should include all funds received from DIAND (Community Economic Development Program (CEDP)) during 1999/2000 fiscal year as CEDO/ROP funding. Care should be taken to ensure that this is the same amount that is shown in the funding arrangement between DIAND and the recipient referred to in line 101 and line 107.
- Line 202      **DIAND, OPP Fund/RAI:** This should include any Opportunity Fund and/or Resource Acquisition Initiative project funding provided by DIAND in 1999/2000.
- Line 203      **DIAND, Other (Including RAN):** Identify all other funding provided by DIAND in 1999/2000 to this CEDO/ROP initiative. This should also include any RAN (Resource Access Negotiations) funding approved **for this CEDO** during 1999/2000. Do **not** include funding provided to other organizations (for instance a Tribal Council should not include RAN funding that was provided directly to an affiliated member First Nation.)
- Line 204      **HRDC, Pathways:** Include all funding provided by Human Resources Development Canada (e.g: Pathways) which flowed directly to the recipient for economic development initiatives.
- Line 205      **IC:** Include all funding provided by Industry Canada (eg: ABC (Aboriginal Business Canada Program, FedNor, FordQ, WED, etc.) which flowed directly to the recipient for economic development program initiatives.
- Line 206      **Other Federal:** Include all funding provided by other Federal Departments which flowed directly to the recipient for economic development program initiatives.
- Line 207      **Prov/Terr/Muni:** Include all funding provided by Provincial/Territorial/Municipal governments which flowed directly to the economic development program initiatives.
- Line 208      **Band Funds:** Include any First Nation, Inuit or Innu funds that have been directed to the recipient for economic development program initiatives.

Line 209      **Other:** Include any funds from all other sources (which have not been shown above) that have been used for economic development purposes. An example would be funds from the private sector or a joint venture partner that were invested into economic development program initiatives.

Line 210      **Total Revenues:** The total of all revenues, or sources of funds by the recipient for economic development program initiatives. This is the total of lines 201 to 209 inclusive.

### *Expenditures/Investments*

**IMPORTANT: For every financial entry in “SECTION B: EXPENDITURES/ INVESTMENTS” there must be a corresponding ‘Results’ entry under SECTION C: “STATISTICAL INFORMATION”.**

Line 211      **Administration/Operations:** Include here any expenditures for the operation of the economic development program initiatives. This would include salaries, travel expenses, office costs, rent, utilities, etc. associated with the delivery of economic development programs and services.

Line 212      **Training and Employment:** Include any funds that have been expended as training costs for people being trained. The results from all training expenditures are reported on lines 302 to 308.

Line 213      **Business Support:** Include any funds that have been expended for support of business activities such as contributions, repayable contributions and/or loans. The results from all business support expenditures are reported on lines 310 to 312 and 314 to 316 inclusive.

Line 214      **Resource Mgt (Management) Support:** Include any funds that have been expended for support of resource development projects (including RAN expenditures). The results from all resource management support expenditures are reported in lines 318 and 319.

Line 215      **Other Ec devp (Economic Development) Related Activities:** Include all funds that have been expended for other economic development related purposes (that are not included in training, employment, business support or resource management). An example would be the operation of winter roads. The results from expenditures reported on this line are reported on lines 321 and 322.

Line 216      **Other (specify):** Any other funds expended by the recipient for economic development program initiatives not included in lines 211 to 215 should be shown on line 216 and a brief explanation should be provided.

Line 217      **Total Expenditures:** The total of all expenditures by the recipient for economic development initiatives used for economic development purposes. This is the total of lines 211 to 216 inclusive.

(Normally Line 217 (Total Expenditures) should equal Line 210 (Total Revenues). While it may be desirable for Total Expenditures/Investments to equal Total Revenues, under TB guidelines for Flexible Transfer Payments it is certainly not required. The important principle here is that Lines 201 to 217 agree with the numbers reported in the Recipient's audited financial statements. If there is a surplus or a deficit in Economic Development it will be included in the Recipient's Balance Sheet.)

### **Section C. Statistical Information**

This section is used to report the **results** of the Revenues and Expenditures reported in **Section B**. If expenses are shown on Lines 212 to 216, there should be a corresponding entry in **Section C**. For example, if training and employment expenses are shown in line 212 the corresponding results must be shown in lines 302 to 308 (Training and Employment Results).

Column 300    **1999/2000 Actual**

The boxes in this column represent the actual results achieved by the recipient for economic development program initiatives during the 1999/2000 fiscal year.

Column 301    **2000/2001 Projections**

The boxes in this column represent the projected results that may be achieved by the recipient for economic development program initiatives in the following year.

### **Training and Employment Results**

If training and employment expenses have been shown in Line 212 it is necessary to show results in lines 302 to 304 (one or more lines to be completed, as appropriate), and also in lines 305 to 307 (one or more lines) and in line 308.

**Total # of people placed in training programs**

Line 302      **# employed at time of training**

Line 303      **# unemployed (and not in receipt of social assistance) at time of training**

Line 304      **# in receipt of social assistance at time of training**

*All people that received training should be included in one of the above three categories.*

Line 305      **# of people continuing in employment after training:** This relates to people being trained as reflected on line 302. The number of people shown on this line (as continuing in employment after training) should not exceed the number of people on line 302 (employed at time of training).

Line 306      **# of unemployed people placed in employment after training:** The number of people shown here should not exceed the number on line 303.

Line 307      **# of social assistance recipients placed in employment after training:** The number of people shown here should not exceed the number on line 304.

Line 308      **Total number of training days:** This is the total number of days of training taken by the people on lines 302 to 304. The total training days should be consistent with the training expenditures shown in line 212.

Line 309      **Indirect training funds (\$'s) levered by the recipient:** These are funds that did not flow through the recipient, but were accessed by the recipient, to support individuals in training and employment programs. *These funds are not to be reported in Section B.*

**Business Support Results**

If business support expenditures are shown in line 213 it is necessary to complete the appropriate lines in this section.

**Total # of businesses assisted during the year (expansions)** (line 310 to line 313). This refers to support provided to businesses that already existed in the service area.

Line 310      **# of existing businesses which received technical support** (planning/technical support) to assist in the expansion of their current business operation.

Line 311      **# of existing businesses expanded**

- Line 312      **# of jobs created by business expansions.** If jobs have been created by business expansion, Line 311 must reflect the number of businesses expanded.
- Line 313      **Indirect funds (\$'s) levered by the recipient to support business expansions.** These are funds that did not flow through the recipient, but were accessed by the recipient, to support existing businesses to expand their current operation. *These funds are not to be reported in Section B.*
- Total # of businesses assisted during the year (new starts)** (line 314 to line 317) This refers to support provided to individuals to start/create new businesses in the service area during the reporting period.
- Line 314      **# of new businesses which received technical support**  
(planning/technical support) to assist in the creation of a new business in the service area.
- Line 315      **# of new businesses started**
- Line 316      **# of jobs created by new businesses.** If jobs have been created by new businesses, Line 315 must reflect the number of new businesses started.
- Line 317      **Indirect funds(\$'s) levered by the recipient to support new businesses.** These are funds that did not flow through the recipient, but were accessed by the recipient, to support the creation of new businesses. *These funds are not to be reported in Section B.*

### **Resource Management Support Results**

If resource management support expenditures are shown in line 214 it is necessary to complete the appropriate lines in this section.

#### **Total # of resource related projects assisted**

- Line 318      **# of resource projects that received technical support**  
(planning/technical support) to assist in their resource based operation.
- Line 319      **# of new jobs created by these resource-related projects.**
- Line 320      **Indirect funds (\$'s) levered by the recipient to support these resource projects.** These are funds that did not flow through the recipient, but were accessed by the recipient, to support resource management activities. *These funds are not to be reported in Section B.*

## **Other Economic Development Related Activities**

If other economic development related expenditures are shown in lines 215 and 216, it is necessary to complete the appropriate lines in this section.

Line 321      **# of other (economic development) related activities that received technical support** (planning/technical support) to assist in their operation.

Line 322      **# of new jobs created by these other related activities.**

Line 323      **Indirect funds (\$'s) levered by the recipient to support other related activities.** These are funds that did not flow through the recipient, but were accessed by the recipient, to support other economic development related activities. *These funds are not to be reported in Section B.*

## **Section D. Narrative Information related to the 1999/2000 activities of the CEDO/ROP initiatives**

In this section describe the major initiatives/results for Training and Employment, Business Support, Resource Management Support and Other Economic Development Related Activities.

A description on how sustainable development management practices are promoted can be included in this section.

## **Certification**

Please sign, print your name, title and date the form.



## **ECONOMIC DEVELOPMENT**

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### **ECONOMIC DEVELOPMENT LOG - Part 1**

#### **INSTRUCTIONS**

**DUE DATE:** There is no due date as these log forms **are not** required for submission. *Instead, they are meant to be helpful to First Nations, Inuit and Innu peoples in completing the Economic Development Report.* There are two suggested log forms to complete.

**The log form on the following page is Part 1.**

**Date:** Enter the date of log entry [dd/mm/yy].

**Name/Phone of Trainee:** Enter the full name (first and last) and the telephone number [preferably a permanent number] of the person placed in the training program.

**Employment Results at the time of training:** for the person placed in the training program, check **one** of the following:

**302** - The person was employed at the time of training.

**303** - The person was unemployed and not in receipt of social assistance at the time of training.

**304** - The person was in receipt of social assistance at the time of training.

**Employment Results after the training is completed:** contact the person placed in the training program and verify his or her employment status. Check **one** of the following if applicable:

**305** - The person has continued in employment after training.

**306** - The person was unemployed at the time of training and placed in employment after training.

**307** - The person was receiving social assistance at the time of training and placed in employment after training.

**Training Days:** Enter the total number of training days for the person placed in the training program.

**Indirect Funds \$:** Enter the amount of indirect training funds [\$\$] levered by the recipient for the person placed in the training program.

**Reference:** This column allows the records [EDO officer] to enter a reference identifier of some sort for each log entry. The reference could be a financial code, BCR, etc.

**Totals:** These totals are the data required for the “Training and Employment Results” section of the Economic Development Report [data fields 302-309 of Section C].

When the log form(s) are complete for the fiscal year, add the numbers in the column “Training Days” and total the check marks in each of the “Employment Results” columns. The resulting totals can be directly recorded in the appropriate data fields on the Economic Development Report [data fields 302-309 of Section C].



## **ECONOMIC DEVELOPMENT**

### **ECONOMIC DEVELOPMENT LOG - Part 2**

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#### **INSTRUCTIONS**

**DUE DATE:** There is no due date as these log forms **are not** required for submission. *Instead, they are meant to be helpful to First Nations Inuit, and Innu peoples in completing the Economic Development Report.* There are two log forms to complete.

**The log form on the following page is Part 2.**

**Date:** Enter the date of log entry (dd/mm/yy).

**Business, Project or activities Name:** Enter the full name of the business, resource project or other related economic development activity.

**Contact Person/Phone :** Enter the name and phone number of the contact person for the business, resource project or other related activity (this is usually the person providing the information).

**Existing Business (Expansion), New Business (New Starts) and Resource Related Projects:** For these columns, if the log entry is: an existing business and the business has received assistance during the year for a business expansion, a new business (start-up), resource-related project or other activity related to economic development, enter the following information in each of the appropriate sub-columns:

**TS** - Put a check mark if technical support was provided (planning/ technical support).

**JOBS** - Enter the number of jobs created by business expansion or new business, resource projects or other related activity or project.

**FUNDS\$** - Enter the amount of indirect funds (\$) levered by the recipient to support the business expansion, the creation of a new business, resource management or other related activities.

**Reference:** This column allows for the records [EDO officer] to add a reference identifier of some sort for each log entry. The reference could be a financial code, BCR, etc.

**Totals:** These totals are the data required for the “Business Support, Resource Management Support and Other Economic Development Related Activities Results” in Section C (Statistical Information) of the Economic Development Report. When the log forms are complete for the fiscal year, total the numbers (or code types, check marks) at the bottom and transcribe the totals to the appropriate data fields in the Economic Development Report form.

# ECONOMIC DEVELOPMENT LOG

PART 2

BUSINESS/PROJECT/ACTIVITY RESULTS				Existing Business (Expansion)			New Business (New Starts)			Resource Related Projects			Other Related Activities			Reference
Date	Business, Project or Activity Name	Contact Person	Phone #	TS (310)	# Jobs (312)	Funds \$ (313)	TS (314)	# Jobs (316)	Funds \$ (317)	TS (318)	# Jobs (319)	Funds \$ (320)	TS (321)	# Jobs (322)	Funds \$ (323)	Financial Code, BCR#, etc.
			<b>TOTALS</b>													

**Legend for Support Results:**  
 TS = Technical Support  
 # JOBS = Number of jobs created  
 FUNDS \$ = Indirect funds (\$\$) levered by recipient

# **ECONOMIC DEVELOPMENT**

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## **OPPORTUNITY FUND/RESOURCE ACQUISITION INITIATIVE**

### **PROJECT STATUS REPORT**

#### **INSTRUCTIONS**

**DUE DATE:** Twelve Months and Three Years after Project start-up.

All applicable sections of the report must be completed.

**Applicant:** Fill out the name and address of the recipient that received an Opportunity Fund and/or a Resource Acquisition Initiative Program contribution.

**Contact:** Provide the name, telephone number and fax number of the economic development contact person.

**Ownership:** Identify the ownership structure of the business entity (i.e., percentage of Aboriginal/Non-Aboriginal ownership).

**Business Sector:** Identify the business sector in which the business is involved. (eg., Agriculture, Fishery, Forestry, Arts and Crafts, Tourism, Mineral/Mining, Oil and Gas, Trapping, Communication or Other).

**Business Location:** Describe whether the business is located on or off-reserve, or in an Inuit or Innu community.

**Narrative Summary of Project Status:** Provide a brief description of the project and its current status.

#### **Business Financial Information**

**Projected versus Actual Sources of Funding:** Provide a comparative analysis of the projected and actual sources of project funding.

**Projected versus Actual Uses of Funding:** Provide a comparative analysis of the projected and actual uses of project funding.

**Assessment of Key Business Elements:** Provide a detailed assessment of the key business elements:

- ▶ Business structure and ownership;
- ▶ organization, management, key personnel and labour force;
- ▶ administration, financial records and systems;
- ▶ markets/marketing plan;
- ▶ competition;
- ▶ production (if applicable);
- ▶ working capital;
- ▶ training requirements; and
- ▶ environmental screening and assessment.



# PROJECT STATUS REPORT

## OPPORTUNITY FUND AND RESOURCE ACQUISITION INITIATIVE

**Applicant:**

**Address:**

**Contact:**

**Telephone:**

**FAX:**

**Ownership:**                    \_\_\_\_\_ % **Aboriginal**

   \_\_\_\_\_ % **Non-Aboriginal**

**Business Sector**

**Business Location (on-reserve/off-reserve)**

**Narrative Summary of Project Status:**

**Business Financial Information:**

**Projected vs. Actual Sources of Funding**

**Projected vs. Actual Uses of Funding**

Type	Amount	Item	Amount
First Nation equity		Business Planning	
Partner equity		Land Development	
Federal funding		Buildings	
Provincial funding		Machinery	
Other		Working Capital	
Debt Financing		Other, etc.	
DIAND Opportunity Fund			
<b>TOTAL:</b>		<b>TOTAL:</b>	

**Assessment of Key Business Elements:**

## **ECONOMIC DEVELOPMENT**

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### **OPPORTUNITY FUND/RESOURCE ACQUISITION INITIATIVE PROJECT STATUS REPORT (page 2)**

#### **Financial Ratios**

**Recipient Equity to Debt:** Using the following formula, identify the percentage of recipient equity to debt -  $\text{Debt} \div \text{Equity} \times 100\%$ .

**Total DIAND (Opp. Fund/RAI) Contribution to Recipient Equity:** Using the following formula, identify the percentage of total DIAND contribution to recipient equity -  $\text{DIAND contribution} \div \text{recipient's equity} \times 100\%$ .

**Total DIAND (Opp. Fund/RAI) contribution to Total Project Costs:** Identify the percentage of DIAND contribution to total project costs using the following formula -  $\text{DIAND contribution} \div \text{total project costs} \times 100\%$ .

**Profitability:** Calculate appropriate business ratios. Include ratios for operations, leverage and breakeven sales analysis.

#### **Summary of Performance Objectives and Results**

**Number of Jobs Created:** Identify the total number of new jobs (eg., Aboriginal, Non-Aboriginal, Full- time, Part-time) created by this business.

**Number of Jobs Maintained:** Identify the total number of jobs maintained (eg., Aboriginal, Non-Aboriginal, full- time, part-time) by the business.

**Number of Jobs Created for Aboriginals previously on Social Assistance:** Identify the total number of new jobs (full-time, part-time) created for Aboriginals who were previously on social assistance.

**Opportunity Fund/RAI Contribution Cost per Job:** Using the following formula, identify the Opp. Fund/RAI contribution cost per job -  $\text{DIAND contribution} \div \text{number of new jobs created}$ .

**Impacts of Training and Management Development:** Describe the impacts and effects that the training and management development of the project had on the business and the community.

**Assessment of other significant factors:** Describe:

- ▶ the effects of the project on the community or the local business environment;
- ▶ how the project contributed to the wealth creation and reduced social dependency;
- ▶ the effect that the project had on the community characteristics (e.g.: size, unemployment, social security dependency and employment opportunities);
- ▶ CEDO involvement;
- ▶ previous Federal financial assistance.

**Project Report Recommendations:** Provide a recommendation on the project's "next steps".

**Project Status Report Completed by:** Sign, print your name, title and date the Project Status Report form.

---

**Financial Ratios**

---

Recipient Debt to Equity: \_\_\_\_\_

Total DIAND (Opportunity Fund/RAI) contribution to Recipient Equity: \_\_\_\_\_

Total DIAND (Opportunity Fund/RAI) contribution to Total Project Costs: \_\_\_\_\_

Profitability: (include ratios for operations, leverage and breakeven sales analysis): \_\_\_\_\_

Attach copies of audited Financial Statements (if available)

---

**Summary of Performance Objectives and Results**

---

**Number of Jobs Created:**

\_\_\_\_\_ **Aboriginal**      \_\_\_\_\_ **Non-Aboriginal**      \_\_\_\_\_ **Full-Time**      \_\_\_\_\_ **Part-Time**

**Number of Jobs Maintained:**

\_\_\_\_\_ **Aboriginal**      \_\_\_\_\_ **Non-Aboriginal**      \_\_\_\_\_ **Full-Time**      \_\_\_\_\_ **Part-Time**

**Number of Jobs Created for Aboriginals previously on Social Assistance:**

\_\_\_\_\_ **Full-Time**      \_\_\_\_\_ **Part-Time**

**Opportunity Fund/RAI Contribution Cost Per Job** \_\_\_\_\_

---

**Impacts of Training and Management Development (narrative):**

---

**Assessment of other significant factors:**

---

**Project Report Recommendations:**

---

**PROJECT STATUS REPORT COMPLETED BY:**

\_\_\_\_\_

**Business Analyst, Name of Organization**

\_\_\_\_\_

**Date**

---



**ECONOMIC DEVELOPMENT**  
**DATA ELEMENTS DEFINITIONS AND SOURCE**

---

This table describes the data to be collected and provides a justification for their inclusion. The various data elements are required for administrative, accountability and operational purposes.

For some data, the source is a formal document such as a completion certificate, a school register, or a university transcript. For example, in Housing and Infrastructure, the source for data on the number of new housing units completed is a completion certificate signed by a qualified building inspector. This means data on the number of new housing units completed is gathered by counting the number of completion certificates. If 10 completed housing units are reported, there must be 10 completion certificates on file. For the Economic Development (CEDP) and the Opportunity Fund/Resource Acquisition Initiative Program elements, the source for the data elements is as noted on the following tables.

**ECONOMIC DEVELOPMENT (CEDP)**

<b>Data Element</b>	<b>Description</b>
<b>A. IDENTIFICATION AND AGREEMENT TYPE</b> <i>Source: DIAND funding arrangement and First Nation records</i>	
<b>Recipient Name</b>	Name of Recipient (band/tribal council/other organization).
<b>Contact</b>	The economic development contact person.
<b>Position</b>	The title of the economic development contact person.
<b>Recipient Number</b>	The band/tribal council/other organization identifier number used on the funding agreement.
<b>Agreement Type</b>	Funding Agreement/Arrangement is one of three types: 1 - Comprehensive Funding Arrangement (CFA) 2 - Alternative Funding Arrangement (AFA) 3 - Financial Transfer Agreement (FTA). 4 Canada/First Nations Funding Arrangement (CFNFA)

Data Element	Description
<b>B. FINANCIAL SUMMARY</b>	
<i>Source: First Nation financial statements.</i>	
<b>Revenues:</b>	
<b>DIAND, CEDP (CEDO/ROP)</b>	Funds provided by the Department of Indian Affairs and Northern Development Community Economic Development Program (CEDP) for community economic development and where applicable, the regional opportunities program.
<b>DIAND, OPP Fund/RAI</b>	This should include any Opportunity Fund and/or Resource Acquisition Initiative project funding provided by DIAND in 1999/2000.
<b>DIAND, Other (including RAN)</b>	Funds provided by other DIAND programs for purposes to be utilized for economic development initiatives. Also include funds provided by DIAND for Resource Access Negotiations.
<b>HRDC, Pathways</b>	Funds provided by Human Resources Development Canada for skills training and development.
<b>IC</b>	Funds provided by Industry Canada (eg: ABC (Aboriginal Business Canada program), FedNor, FordQ, WED, etc.) which flowed directly to the recipient for economic development program initiatives.
<b>Other Federal</b>	Funds provided by other federal agencies or departments.
<b>Provincial/Territorial/Municipal</b>	Funds provided by provincial, territorial or municipal sources for economic development program initiatives.
<b>Band Funds</b>	Funds transferred from trust funds or other First Nations/Inuit programs and entities excluding programs specifically mentioned above.
<b>Other</b>	Funds that are not included in any other category.

<b>Data Element</b>	<b>Description</b>
<b><i>Expenditures/Investments:</i></b>	
<b>Administration/Operations</b>	Includes all expenditures for salaries, travel, rent, utilities, etc. for staff members directly employed in the delivery of the economic development program and services at the recipient for economic development initiative.
<b>Project Funding</b>	Includes expenditures on Administrative/operations, training and employment, business support, resource management support and other economic-development-related projects.
<b>C. STATISTICAL INFORMATION</b> <i>Source: First Nation Log Book (or equivalent documents)</i>	
<b>Training and Employment Results</b>	Includes results relating to all people who were placed in training or employment as a result of training and employment activities. Training refers to practical education in some task and/or profession. A lack of training is the principal barrier to employability. Employment is a key barometer of economic development.
<b>Number of People Placed in Training Programs</b>	The number of people placed in training programs, including: those employed at the time of training, unemployed and not in receipt of Social Assistance at the time of training and those in receipt of Social Assistance at the time of training.
<b>Number of People Continuing in Employment After Training</b>	The number of people who were employed at the beginning of training and remained employed after training was completed.
<b>Number of Unemployed People Placed in Employment After Training</b>	The number of people who were unemployed at the beginning of training, but secured employment after the training program ended.
<b>Number of Social Assistance Recipients Placed in Employment After Training</b>	The number of people who were recipients of social assistance when training began, but secured employment when the training was completed.
<b>Total Number of Training Days</b>	Total number of days devoted to training during the year for all those who participated in training programs.

<b>Data Element</b>	<b>Description</b>
<b>Business Support Results</b>	Includes results pertaining to First Nation, First Nation member and/or Inuit- owned and controlled businesses which are expanded or established during the year.
<b>Total Number of Businesses Assisted During the Year (Expansion)</b>	The number of existing businesses which received technical support. The number of existing businesses expanded and the number of jobs created through these expansions. Also the total indirect funds levered by the recipient which supported existing business to expand.
<b>Total Number of Businesses Assisted During the Year (new starts)</b>	The number of new businesses which received technical support. The number of new businesses established and the number of jobs created by new businesses. Also the total indirect funds levered by the recipient which supported the creation of these new businesses.
<b>Resource Management Support Results</b>	For this report, resource management includes activities in mining, mineral extraction, forestry, sawmills, fishing, hydro generation, wind power generation and tourism. All activity related to co-management or resource access negotiation should be included here.
<b>Total Number of Resource Related Projects Assisted</b>	The number of resource-related projects which received technical support and the number of jobs created through these projects. Also the total indirect funds levered by the recipient which supported resource related projects.
<b>Other Economic Development Related Activities</b>	Includes activities such as winter road management (in regions where these are operated as economic development activities). Also includes expenditures on seminars, conferences, consultant studies and other related development activities.
<b>Number of other Economic Development related activities</b>	The number of other economic development related activities which received technical support and the number of jobs created through these other related activities the recipient is involved in which meet the above criteria.

**OPPORTUNITY FUND AND THE RESOURCE ACQUISITION INITIATIVE**  
**- Project Status Report**

<b>Data Element</b>	<b>Description</b>
<i>Source: Project Summary Report</i>	
<b>Applicant</b>	This is the name of the recipient that received an Opportunity Fund and/or a Resource Acquisition Initiative Program contribution.
<b>Address</b>	Current address of the funding recipient
<b>Contact</b>	The economic development contact person
<b>Tel. Number</b>	Telephone number of the contact person
<b>Fax Number</b>	Facsimile number of the contact person
<b>Ownership</b>	Describe the ownership structure of the business entity, (i.e., percentage of Aboriginal/Non-Aboriginal ownership).
<b>Business Sector</b>	Identify the business sector in which the business is involved. (eg., Agriculture, Fishery, Forestry, Arts and Crafts, Tourism, Mineral/Mining, Oil and Gas, Trapping, Communication or Other).
<b>Business Location</b>	Describe whether the business is located on or off-reserve, or in an Inuit or Innu community
<b>Narrative Summary of Project Status</b>	Provide a brief description of the project and its current status
<i>Business Financial Information</i> <i>Source: Audited Financial Statements</i>	
<b>Projected vs. Actual Sources of Funding</b>	Provide a comparative analysis of the projected and actual sources of project funding
<b>Projected vs. Actual Uses of Funding</b>	Provide a comparative analysis of the projected and actual uses of project funding

<b>Data Element</b>	<b>Description</b>
<b>Assessment of Key Business Elements</b>	<p><b>Provide a detailed assessment of the key business elements:</b></p> <ul style="list-style-type: none"> <li>▶ business structure and ownership;</li> <li>▶ organization, management, key personnel and labour force;</li> <li>▶ administration, financial records and systems;</li> <li>▶ markets/marketing plan;</li> <li>▶ competition;</li> <li>▶ production (if applicable);</li> <li>▶ working capital;</li> <li>▶ training requirements; and</li> <li>▶ environmental screening and assessment.</li> </ul>
<p><b><i>Financial Ratios</i></b>  <i>Source: Audited Financial Statements</i></p>	
<b>Recipient Debt to Equity</b>	Debt ÷ Equity X 100 %
<b>Total DIAND (Opp. Fund/RAI) contribution to Recipient Equity</b>	DIAND contribution ÷ recipient's equity X 100 %
<b>Total DIAND (Opp. Fund/RAI) contribution to Total Project Costs</b>	DIAND contribution ÷ total project cost X 100 %
<b>Profitability: (include ratios for operations, leverage and breakeven sales analysis)</b>	Calculate appropriate business ratios
<p><b><i>Summary of Performance Objectives and Results</i></b>  <i>Source: Audited Financial Statements</i></p>	
<b>Number of Jobs Created</b>	Total number of new jobs (eg., Aboriginal, Non-Aboriginal, full-time, part-time) created by this business
<b>Number of Jobs Maintained</b>	Total number of jobs maintained (eg., Aboriginal, Non-Aboriginal, full-time, part-time) by this business

<b>Data Element</b>	<b>Description</b>
<b>Number of Jobs created for Aboriginals previously on Social Assistance</b>	Total number of new jobs (full-time, part-time) created for Aboriginals who were previously on social assistance
<b>Opportunity Fund/RAI Contribution Cost Per Job</b>	DIAND contribution ÷ number of new jobs created
<b>Impacts of training and management development</b>	Describe the impacts and effects that the training and management development of the project had on the business and the community
<b>Assessment of other significant factors</b>	Describe: <ul style="list-style-type: none"> <li>▶ the effects the project had on the community or the local business environment?</li> <li>▶ how did the project contribute to the wealth creation and reduce social dependency?</li> <li>▶ what effect did the project have on the community characteristics (e.g.: size, unemployment, social security dependency and employment opportunities)</li> <li>▶ CEDO involvement</li> <li>▶ previous Federal financial assistance</li> </ul>
<b>Project Report Recommendation</b>	Provide a recommendation on the project's "next steps"
<b>Project Status Report Completed by</b>	Sign, print your name, title and date the Project Status Report form



Indian and Northern Affairs Canada  
Affaires indiennes et du Nord Canada

# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## OTHER PROGRAM REPORTING

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AFA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*



## **OTHER PROGRAM REPORTING**

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### **POLICING (SOLICITOR GENERAL)**

First Nations councils that have agreements with the Solicitor General to provide policing services on reserves are responsible for ensuring that policing meets provincial regulations and standards. As well, they must ensure that constables have appropriate provincial certification.

Band councils are required to submit an annual report on policing that includes:

- a list showing the number of constables employed; and
- the certification status for each constable.

The Solicitor General may also require other information. For more details on reporting requirements and deadlines, contact your DIAND regional office *{page 15 of the Introduction and User Guide Section}*.

**OTHER PROGRAM REPORTING**  
**REPORTING AND AUDITING GUIDELINES**

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**HEALTH SERVICES CANADA/FIRST NATIONS FUNDING  
AGREEMENTS**

**MEDICAL SERVICES BRANCH  
HEALTH CANADA**

**NOTE TO USERS:**

These **Reporting and Auditing Guidelines** have been developed in response to the comprehensive (financial and program) audit requirements specified under Health Service Canada/First Nations Funding Agreements.

Comments on the practicality of the Guidelines in meeting these requirements and suggestions for improvements should be submitted to the Regional Offices of Medical Services Branch, Health Canada.

*Applicable to recipients funded under Canada/First Nations Funding Agreement (CFNFA), formerly Financial Transfer Agreements (FTA).*

**REPORTING AND AUDITING GUIDELINES  
HEALTH SERVICES CANADA/FIRST NATIONS FUNDING AGREEMENTS**

**INTRODUCTION AND DEFINITIONS**

The purpose of these Guidelines is to identify the reporting and comprehensive auditing requirements.

In the context of these Guidelines, relevant terms are defined as follows:

**Band**

An organization that has entered into a Health Services Canada/First Nations Funding Agreement (including: an Indian Band, a district or tribal council, an Indian health board, an Indian organization, or a corporation).

**Fiscal Year**

The Band's fiscal year.

**Region**

The office of the Regional Director, Medical Services Branch, Health Canada.

**Minister**

Minister of Health.

**Comprehensive Audit**

Canada/First Nations Funding Agreements require an annual comprehensive financial and program audit, with an opinion expressed on:

- ! fairness of the financial statements;
- ! adequacy of financial controls in place;
- ! compliance with the terms and conditions of the agreement; and,
- ! provision of mandatory programs

**Annual Report to Community Members**

A document prepared by the Band for its members to illustrate the extent to which the Community Health Plan was achieved and delivered during the past year.

**Moveable Capital Assets Reserve (MCAR)**

The total of the initial lump sum, earned revenue, and the annual amounts included in the budget for the replacement of existing moveable assets and vehicles transferred to a Band under a Health Services Canada/First Nations Funding Agreement. The Moveable Capital Assets Reserve (MCAR) is intended for the replacement or substitution of the transferred moveable assets which are itemized in the inventory of the Health Services Canada/First Nations Funding Agreement.

Resources for the replacement of moveable capital assets with a replacement value of \$1,000.00 or more, which are transferred to the community, will be maintained and accounted for separately in a reserve entitled MCAR.

## 1. BAND REPORTING REQUIREMENTS

Under a Health Services Canada/First Nations Funding Agreement, the Minister of Health remains accountable to Parliament for the overall program results to protect the health and safety of Indian and Inuit people, and for the resources transferred to a Band for the provision of community health services.

The following documents will be generated by the Band to enable the Minister to comply with the health services transfer reporting requirements to Parliament:

**Annual Report to Community Members; Report on Mandatory Programs; and Comprehensive Auditor's Report including the following:**

- ! Opinion on the fairness of the financial statements;**
- ! Band's compliance with the "Terms and Conditions of the Agreement;**
- ! Report on Health Expenditures (Schedule A); and**
- ! Report on Moveable Capital Assets Reserve (Schedule B).**

**Scope:** To enable the Minister to account to Parliament for the resources expended and programs delivered under a Health Services Canada/First Nations Funding Agreement.

### 1.1 Annual Report to Community Members

Under a Health Services Canada/First Nations Funding Agreement, the Chief and Council, or their designated representatives are accountable to their members for the success of the health program in meeting community needs and for the resources transferred to them.

To satisfy the reporting requirements to community members, the Chief and Council will produce and make available to all members an Annual Report. This Annual Report, which will be based on the goals and objectives of the Community Health Plan, will summarize programs and financial information, provide data on services, operations and results, and will explain any deviations from the Community Health Plan.

Copies of the Annual Report shall be made available to community members within ninety (90) days following the end of the fiscal year.

## 1.2 Report on Mandatory Programs

The Band will prepare reports for the Minister on the provision of the following mandatory programs, as they are applicable and included as part of the Health Services Canada/First Nations Funding Agreement:

- ! Communicable Disease Control;
- ! Environmental Health; and,
- ! Treatment Services.

**“Mandatory Programs and Their Reporting Requirements”** (Attachment 1) describes the type of information, and the method and frequency of reporting required on all mandatory programs included in the Health Services Canada/First Nations Funding Agreement. A copy of these Mandatory Reports will be provided to the Regions and to the Provincial authorities where appropriate.

## 1.3 Comprehensive Auditor’s Report

Funds received under a Health Services Canada/First Nations Funding Agreement must be audited by an independent accredited auditor. The auditor’s report will include two (2) schedules as follows:

- (1) Report on Health Expenditures (Schedule A); and
- (2) Report on Moveable Capital Assets Reserve (Schedule B).

The auditor’s report will be provided to the Region within ninety (90) days following the end of the fiscal year.

### 1.3.1 Report on Health Expenditures (Schedule A)

This report will show total health program transfer expenditures for the past fiscal year under the program or activity structure delineated in the Band’s Community Health Plan.

As a second option, Bands may choose to use the existing MSB sub-activity reporting format as the basis for completing the **“Report on Health Expenditures”**, (Schedule A). As such, for information purposes only, **Attachment 3** lists these sub-activities.

The last section of the **“Report on Health Expenditures”** is a disclosure, for the same fiscal period, of the funds received from other organizations and governments for health purposes.

**This Report on Health Expenditures (Schedule A) will be incorporated in the auditor’s report as a schedule.**

### 1.3.2 Report on Moveable Capital Assets Reserve

(Schedule B)

This report describes the various financial transactions which have affected the Moveable Capital Assets Reserve (MCAR) funded through Health Canada during the past year. The following details are to be provided by the Band:

- Opening balance in the Reserve;
- Annual amount included in the Canada/First Nations Funding Agreement for the Moveable Capital Assets Reserve;
- Interest or other revenues generated from the Reserve;
- Expenditures for the addition, replacement or substitutions of moveable capital assets during the year; and
- Closing balance in the Reserve.

**This Report on Moveable Capital Assets Reserve (Schedule B) will be incorporated in the auditor's report as a schedule.**

### 1.3.3 Listing of Replacements (Attachment B-1)

**This listing is to be maintained by the Band or First Nation organization.**

A complete "Inventory", by facility, of all moveable capital assets transferred to the Band will be included in the Health Services Canada/First Nations Funding Agreement. The Health Services Canada/First Nations Funding Agreement "Inventory" should be amended on a regular basis consistent with sound financial management practices, when there are changes to the moveable capital assets.

The "**Listing of Replacement**" (Attachment 4) is required only where funds are included in the Health Services Canada/First Nations Funding Agreement for a Moveable Capital Assets Reserve (MCAR). A separate listing, by facility, is to be prepared where more than one community is included under a multi-Band transfer agreement.

This listing will show the model, date of purchase, and the cost of each moveable capital asset and vehicle acquired during the last completed fiscal year.

The list will be used to determine the value of the MCAR at the time of any expansion or reconstruction of the existing health facility. Unless there is a current listing of MCAR financial adjustments to MCAR may not be considered.

The "**Listing of Replacement**" report will be made available by the Band to the Band's auditor, for audit purposes.

**Note:** The "Listing of Replacement" need not be sent as a separate report to the

Regional Offices of Medical Services Branch since the band's auditor will be reviewing the listing as part of his audit responsibilities and will be expressing an opinion on the Band meeting the Terms and Conditions of the Agreement.

## **2. ANNUAL COMPREHENSIVE AUDIT**

Funds received under a Health Services Canada/First Nations Funding Agreement must be audited by an independent accredited auditor hired by the Band.

### **2.1 The Auditor's Contract**

The Band will enter into a contract with an individual or a firm to obtain an auditing service. The audit contract should include:

- a summary of the Bands responsibilities;
- a summary of the Auditor's responsibilities;
- the purpose and nature of the audit;
- the limitation of the audit;
- the scope of the audit, including specifics to be addressed and reports to be produced;
- the conditions for additional audit or financial services to be provided; and
- a copy of these Reporting and Auditing Guidelines;

### **2.2 Qualifications of the Auditor**

The Band's auditor must be:

- independent and must not be an employee of the Band; and
- qualified and recognized under the Provincial or Territorial laws where the auditor has an office.



## **2.3 Roles and Responsibilities**

### **2.3.1 Auditor's Responsibilities**

The Auditor will be responsible:

- to conduct the audit and prepare a report in accordance with generally accepted auditing standards of the Canadian Institute of Chartered Accountants (CICA) Handbook;
- to provide an opinion (Attachment 1) on the Band's compliance with the "Terms and Conditions" of the Agreement and to certify based on attest audits that:
  - all program and financial reports prepared by the Band are accurate;
  - all resources expended were used for health related programs and activities;
  - the MCAR has been used for the purpose stated in the Agreement only;
  - a Medical Health Officer (MHO) has been hired when services are not provided by MSB;
  - the Band has a Community Health Plan which is maintained to reflect programs and services available in the community;
  - nurses are registered with their provincial nurses associations;
  - personnel providing Environmental Health Services are certified as Public Health Inspectors by the Board of Certification, Canadian Institute of Public Health Inspectors;
  - immunization reports have been sent to the Region;
  - Communicable Diseases cases have been reported to provincial authorities and the Region;

### **2.3.2 Band Responsibilities**

The Band will be responsible for:

- accurately recording program and financial transactions and preparing all reports and statements described above in accordance with the instructions in these guidelines;
- making program, financial and administrative records and reports available to the Auditor and providing assistance to the Auditor, as necessary;
- avoiding duplication of effort and resources by coordinating and planning this audit with all other audits being conducted for other federal departments;
- forwarding a completed copy of the Auditor's report to the Region within ninety (90) days following the end of the fiscal year; and
- making a completed copy of the Auditor's report with all other reports, mentioned in these guidelines, available to members.

### **2.3.3 Health Canada Responsibilities**

The region is responsible to answer any questions concerning these guidelines and ensure that the auditing requirements are well understood by Bands and their auditors. Once an audit report has been received, the region is responsible to review it, including any attachments and to ensure that proper follow up action is taken with respect to reservations expressed by the auditor by:

- communicating with the Band concerning the auditor's reservations;
- developing a plan for corrective action with the Band which, eventually, will be incorporated as an amendment to the Health Services Canada/First Nations Funding Agreement; and
- monitoring through subsequent audits if corrective action has been taken by the Band.

**SCHEDULE A**  
**REPORTING AND AUDITING GUIDELINES**  
**REPORT ON HEALTH EXPENDITURES**

---

**BAND:** \_\_\_\_\_

**FISCAL YEAR: 19** \_\_\_\_ **- 19** \_\_\_\_

**FUNDS AVAILABLE**

Surplus/Deficit from previous years \$ \_\_\_\_\_

Funds from Health Transfer Agreement \$ \_\_\_\_\_

Total from Department \$ \_\_\_\_\_

**EXPENDITURES**

(By program or activity described in the Community Health Plan)

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

6. \_\_\_\_\_ \$ \_\_\_\_\_

7. \_\_\_\_\_ \$ \_\_\_\_\_

8. \_\_\_\_\_ \$ \_\_\_\_\_

9. \_\_\_\_\_ \$ \_\_\_\_\_

Total Expenditures \$ \_\_\_\_\_

Closing Balance at Year-end \$ \_\_\_\_\_

**FUNDS FROM OTHER SOURCES** (for information only)  
(specify organization)

\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE B**  
**REPORTING AND AUDITING GUIDELINES**  
**REPORT ON MOVEABLE CAPITAL ASSETS REPLACEMENT RESERVE**

---

**BAND:** \_\_\_\_\_

**FISCAL YEAR: 19** \_\_\_\_ **- 19** \_\_\_\_

Balance at the beginning of Fiscal Year \$ \_\_\_\_\_

PLUS

Amount provided in Agreement for MCARR \$ \_\_\_\_\_

PLUS

Revenues Generated \$ \_\_\_\_\_

MINUS

Replacements during the Year \$ \_\_\_\_\_

Balance at the end of the Fiscal Year \$ \_\_\_\_\_

**ATTACHMENT 1**

**REPORTING AND AUDITING GUIDELINES**

---

**AUDITOR'S DERIVATIVE REPORT (Sample Only)**

To the Minister of Health  
c/o Regional Director  
\_\_\_\_\_ Region  
Medical Services Branch  
Health Canada

At the request of the \_\_\_\_\_ First Nation and in accordance with the Reporting and Audit Guidelines established by your department, we have reviewed the financial information contained in The Report on Health Expenditures and in The Report on Moveable Capital Assets Replacement Reserve. This information was found to be consistent with the audited financial statements for the year ended \_\_\_\_\_ which we have reported on without reservation.

We have also reviewed the terms and conditions of your agreement with \_\_\_\_\_ First Nation and during the course of our audit did not encounter any instances where the terms and conditions were not met. In addition, we have certified that the services of a Medical Officer of Health are available, that nurses are registered with their provincial association, that the Environmental Health Officer is certified as a Public Health Inspector and that mandatory reporting concerning immunization and communicable diseases has been completed and sent to the Province.\*

This report is provided solely for the purpose of assisting Health Canada in discharging its responsibilities and should not be referred to or used for any other purpose.

**\*NOTE:** The mandatory program requirements listed in this opinion may or may not be applicable depending on the programs transferred.

**ATTACHMENT 2**  
**REPORTING AND AUDITING GUIDELINES**  
**MANDATORY PROGRAMS AND THEIR REPORTING REQUIREMENTS**

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The community shall report to the Minister on the provision of mandatory programs, according to the following schedule:

<b>PROGRAM</b>	<b>INFORMATION REQUIRED</b>	<b>METHOD/ FREQUENCY OF REPORTING</b>
<b>Communicable Disease Control</b>	Immunization Level (by age, sex, antigen)	Annual according to the federal or provincial immunization schedule identified in the Community Health Plan
	Report on Communicable disease as required by Provincial Regulation; including contact-tracing and follow-up	Notification to Province and Department within 24 hours on diseases with epidemic potential  Annual Summary
<b>Environmental Health</b>	Total number and percentage of facilities meeting Provincial/Federal and environmental standards; food services; water supply; sewage and garbage; pollution; and hazardous substances	Annual Summary  Notification within 24 hours of environmental hazards or condition which may have any significant environmental impact; including steps taken to remedy the situation.
<b>Treatment Services *</b>	Total number of patients seen in diagnostic categories as specified in the Community Health Plan.	Annual Summary

\* Include only if treatment services are part of the Transfer Agreement.

### **ATTACHMENT 3**

### **REPORTING AND AUDITING GUIDELINES**

---

**NOTE:** This Attachment is provided to assist those Bands choosing (optional) to utilize the MSB activity reporting format to complete the “Report on Health Expenditures” (Attachment A).

#### **LIST OF MSB SUB-ACTIVITIES**

Management and Support Services

Health Facility Operations

Health Education Services

Community Health Representative Services

Mental Health Services

Nutrition Services

Nursing Services

Communicable Disease Control

Health Liaison

Dental Services

NNADAP - Prevention

NNADAP - Treatment

Environmental Health

Drinking Water

Youth Prevention (Brighter Futures)

Health Careers

Home Nursing

Solvent Abuse

Prenatal Services

**ATTACHMENT 4**  
**REPORTING AND AUDITING GUIDELINES**  
**LISTING OF REPLACEMENTS**

---

**MOVEABLE CAPITAL ASSETS RESERVE(MCAR)**

**FISCAL YEAR: 19 \_\_\_\_ - 19 \_\_\_\_**

**BAND:** \_\_\_\_\_

**FACILITY:** \_\_\_\_\_

<b>DESCRIPTION</b>	<b>MODEL</b>	<b>DATE OF PURCHASE</b>	<b>COST</b>

**NOTE:** This Listing is to be maintained by the Band





Indian and Northern Affairs Canada  
Affaires indiennes et du Nord Canada

# **FIRST NATIONS NATIONAL REPORTING GUIDE**

**1999-2000**

## **ALTERNATIVE FUNDING ARRANGEMENTS (AFA) / FINANCIAL TRANSFER AGREEMENTS (FTA) ANNUAL RETURN Management Report**

# **AFA / FTA ANNUAL RETURN - MANAGEMENT REPORT**

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## **AFA/FTA ANNUAL RETURN - MANAGEMENT REPORT**

### **KEY TERMS**

The Alternative Funding Arrangements (AFA) and Financial Transfer Agreement Annual Return Management Report (Management Report) is due yearly within ninety (90) days of the fiscal year-end. The Management Report consists of the following documents:

- 1) a covering letter signed by the Council approving the information provided in the Management Report;
- 2) a summary of reports to be submitted; and
- 3) forms to be completed for each AFA/FTA program having a minimum program requirement.

Most forms ask the following:

- **Program Policies of the Council:** an update of the Council's program policies;
- **Policy Changes:** any significant policy changes made over the past year;
- **Minimum Program Requirements:** whether all minimum program requirements have been met and any problems being encountered in meeting minimum program requirements; and
- **Other Information:** certain reports, described in the First Nations National Reporting Guide, which are to be submitted by the Council to the Department of Indian Affairs and Northern Development (DIAND) (see other sections of this Guide). The Guide and the regional and/or District offices will provide the Council with a schedule of reporting dates for these reports.

The information may be submitted on the forms provided or on other stationary, as long as the format is followed. (If the requested reports have already been submitted to DIAND during the year, please indicate on pages 4 and 5).

Should you have any questions on completion of the report, please contact your DIAND regional or district office.

**Summary of reports to be submitted**

Please identify which reports have been submitted to DIAND

**Submitted**

**a. Non-Registered On-Reserve Population Data**

- Non-Registered On-Reserve Population - Certificate  
    {Due Annually - November 15 - See Guide} \_\_\_\_\_
- Certificate for Band Population Statistics  
    {Due Annually - November 15 - See Guide} \_\_\_\_\_

**b. Environmental Assessment**

- CEAA - Environmental Assessment Report  
    {Due before the start of the project} \_\_\_\_\_
- Environmental Assessment Compliance Report  
    {Due annually - June 30} \_\_\_\_\_

**c. Indian Registration and Band Lists**

- {Due Monthly - Contact Region} \_\_\_\_\_
- Certificate of Indian Status Register  
    {Due Annually - Contact Region} \_\_\_\_\_

**d. Land Management**

- {See Guide or Contact Region} \_\_\_\_\_

**e. Elementary/Secondary Education**

- Nominal Roll Student Census Report  
    {Due annually - October 15} \_\_\_\_\_

**f. Post-Secondary Education**

- Register & Summary of Post-Secondary Students  
    {Due annually - December 31} \_\_\_\_\_
- Report on Post-Secondary Graduates  
    {Due annually - December 31} \_\_\_\_\_

**g. First Nations and Inuit Youth Employment Strategy**

- {Due annually - See Guide} \_\_\_\_\_

**AFA/FTA  
Management Report**

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Submitted**

**h. Social Development (Social Assistance and Social Support Services)**

- Social Assistance Annual Report \_\_\_\_\_  
{Due annually - May 30}
- National Child Benefit Reinvestment Annual Report \_\_\_\_\_  
{Due annually - May 30}
- Child and Family Services Maintenance and Operational Reports. *\*Applicable to FTAs only where pilot projects have been approved.* \_\_\_\_\_  
{Due dates set by region}
- Adult Services \_\_\_\_\_  
{Due annually - May 30}
- National Strategy for Integration of Persons with Disabilities Report \_\_\_\_\_  
{Due annually - May 30}
- Family Violence Projects Report \_\_\_\_\_  
{Due annually - May 30}
- Community Social Services Projects Report \_\_\_\_\_  
{Due annually - May 30}
- Day Care Facilities/Head Start Program Report \_\_\_\_\_  
{Due annually - May 30}

**I. Economic Development**

- Economic Development Report \_\_\_\_\_  
{Due annually - June 30}
- Project Status Report: Opportunity Fund and Resource Acquisition Initiative \_\_\_\_\_  
{Due 12 months & 3 years after project startup}

**j. Pension Plan Funding**

- Pension Plan Funding Annual Report \_\_\_\_\_  
{Due annually - June 30}

**k. Capital Facilities and Maintenance**

**Capital Projects (including Housing)**

- Progress Report on Capital Projects over \$1 million \_\_\_\_\_  
{Due monthly - set by funding arrangement}
- Certificate of Completion for Capital Projects \_\_\_\_\_  
{Due on a project by project basis}
- Five-Year Capital Plan \_\_\_\_\_  
{Due annually - March 31}

**AFA/FTA  
Management Report**

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Submitted**

**l. Capital Facilities and Maintenance**

- Changes in Capital Assets \_\_\_\_\_  
    {Due annually - March 31}
- Completed ACRS Projects Annual Report \_\_\_\_\_  
    {Due annually - March 31}
- Maintenance Management Plan Annual Report \_\_\_\_\_  
    {Due annually - March 31}
- Housing Conditions Annual Report \_\_\_\_\_  
    {Due annually - March 31}
- Water Delivery System Annual Report \_\_\_\_\_  
    {Due annually - March 31}
- Sewage System Annual Report \_\_\_\_\_  
    {Due annually - March 31}
- Housing Totals Annual Report \_\_\_\_\_  
    {Due annually - March 31}
- Community Services Annual Report \_\_\_\_\_  
    {Due annually - March 31}
- Schools Annual Report \_\_\_\_\_  
    {Due annually - March 31}
- Asset Operation and Maintenance Review \_\_\_\_\_  
    {Due annually - March 31}

**m. Fire Protection**

- Fire Protection Services \_\_\_\_\_  
    {Due annually - March 31}
- Fire Losses Annual Report \_\_\_\_\_  
    {Due annually - March 31}

**n. Policing (Solicitor General)**

- Annual report on Policing \_\_\_\_\_  
    {Due dates set by region}

**o. Health Services Canada Transfer Agreements (Health Canada)**

- Reporting and Auditing Guidelines \_\_\_\_\_  
    {Due dates set by region}

**Environmental Assessment**

**a. Minimum Program Requirements**

Did every project (as defined by CEAA) and which does not appear on the Exclusion List, prescribed under CEAA paragraph 59 © and which is carried out with funding provided under this agreement, undergo an environmental assessment? **Yes ( ) No ( )**

Was an environmental assessment decision made on each project before work commenced? **Yes ( ) No ( )**

Were all appropriate mitigation measures identified during the environmental assessment process and follow-up programs included in the environmental assessment decisions implemented? **Yes ( ) No ( )**

If the First Nation has been delegated authority to make the environmental assessment decision, was public access to information respecting the project, the environmental assessment and the environmental assessment decision provided? **Yes ( ) No ( )**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**b. Other Information:**

A copy of the CEAA - Environmental Assessment Report and Environmental Compliance Report shall be submitted by the Council to DIAND (Refer to the Environmental Assessment section of this guide).

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**  
**AFA/FTA**  
**Management Report**

\_\_\_\_\_  
**Position**  
**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

## **Indian Registration and Band List**

### **a. Minimum Program Requirements:**

Bands controlling their Indian Register under Section 10 of the *Indian Act*.

- Has up-to-date information been submitted to DIAND, in accordance with the DIAND Indian Registry Reporting Manual, for the purpose of maintaining the Indian Register?

**Yes ( ) No ( )**

Bands not controlling their Indian Register under Section 10 of the *Indian Act*.

- Has up-to-date information been submitted to DIAND, in accordance with the DIAND Indian Registry Reporting Manual, for the purpose of maintaining the band list?

**Yes ( ) No ( ) Band controls own list ( )**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**



**Land Management**

**a. Minimum Program Requirements:**

Bands with delegated authority under sections 53 or 60 of the *Indian Act*.

- Have land transactions been managed and administered in accordance with the *Indian Act*, delegation instruments and the DIAND Land Management and Procedures Manual? **Yes ( ) No ( )**
- Has the Council operated a lease billing system and kept an accounting record for all leases and permits entered into, rental received, receivables and by ( )? **Yes ( ) No ( )**
- Was the Minister provided with duplicate originals of all documents executed by the Council or its agent, for registration, pursuant to the delegated authority? **Yes ( ) No ( )**
- Has there been an approval of the form and term of instruments including pre-audit of those with terms over 25 years (where applicable)? **Yes ( ) No ( )**
- Has the Council notified the Minister of rental arrears, outstanding permit fees over 30 days in arrears, any breaches of lease/permits terms and conditions and any other issues? **Yes ( ) No ( )**

Bands without delegated authority under sections 53 or 60 of the *Indian Act*.

- Has the Council provided core and transaction services in accordance with the DIAND Land Management and Procedures Manual? **Yes ( ) No ( )**
- Has the Council notified the Minister of rental arrears, outstanding permit fees over 30 days in arrears, any breaches of lease/permits terms and conditions and any other issues? **Yes ( ) No ( )**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**  
AFA/FTA  
Management Report

\_\_\_\_\_  
**Position**  
Recipient Name: \_\_\_\_\_  
Agreement No: \_\_\_\_\_

**Elementary/Secondary (E/S) Education:**

**a. Program Policies of the Council:** Please identify the policies the Council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

**b. Policy Changes:** Have any significant policy changes been made over the past year?

Yes ( ) No ( )

If yes, please identify on an attached page.

**c. Minimum Program Requirements:** Do the policies provide for the following requirements?

- Registered Indian students ordinarily resident on reserve have access to education.

Yes ( ) No ( )

- Education standards permit students to transfer to the provincial school system without academic disadvantage.

Yes ( ) No ( )

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**d. Other Information:**

- A copy of the nominal roll shall be submitted by the Council to DIAND (Refer to the Education section of this guide). The data shall be as of September 30.

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**  
**AFA/FTA**  
**Management Report**

\_\_\_\_\_  
**Position**  
**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Post-Secondary Education (PSE):**

- a. Program Policies of the Council:** Please identify the policies the Council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- b. Policy changes:** Have any significant policy changes been made over the past year?  
Yes ( ) No ( )  
If yes, please identify on an attached page.
- c. Minimum Program Requirements:** Does the PSE program fully comply with the following requirements?
- Defined eligibility criteria; Yes ( ) No ( )
  - Formally available and publicly available benefits schedule; and Yes ( ) No ( )
  - An established appeals process. Yes ( ) No ( )
- If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.
- d. Other Information:** Data Reports for Post Secondary Education are to be submitted from the Council to DIAND (Refer to the Education section of this guide).

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**

**Social Development:**

- a. **Program Policies of the Council:** Please identify the policies the Council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- b. **Policy Changes:** Have any significant policy changes been made over the past year? **Yes ( ) No ( )**

If yes, please identify on an attached page.

- c. **Minimum Program Requirements:** Do programs for basic/special needs, individual and family care and adult care fully comply with the following requirements?
- An objective needs test; **Yes ( ) No ( )**
  - A formally defined and publicly available benefits schedule specifying rates, conditions and criteria for eligibility; **Yes ( ) No ( )**
  - Provisions for the equitable treatment of all reserve residents; **Yes ( ) No ( )**
  - Impartial process for the appeal of administrative decisions; **Yes ( ) No ( )**
  - Procedures to ensure confidentiality of client information. **Yes ( ) No ( )**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

- d. **Other Information:** Data reports for Social Assistance and Economic Development are to be submitted by the Council to DIAND (Refer to the Social Development section of this guide). As well, in Ontario monthly social assistance statements are to be provided in accordance with the agreement.

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**

**Pension Plan Funding:**

**a. Minimum Program Requirements:**

- Are pension plans fully portable, available to all eligible Council employees irrespective of occupational group, designed so as to meet, as applicable, the requirements of Revenue Canada and to conform to and be registered under the *Pension Benefits Standards Act - 1985* with the Office of the Superintendent of Financial Institutions (OSFI) of Canada?  

**Yes ( ) No ( )**
  
- Has the required documentation and fees been submitted to OSFI?  

**Yes ( ) No ( )**
  
- Has the employee-employer share of contributions been remitted to the underwriter toward a private pension plan and has CPP/QPP contributions been remitted to Revenue Canada?  

**Yes ( ) No ( )**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**b. Other Information:**

Data Report for Pension Plan Funding is to be provided by the Council to DIAND (Refer to the Indian Government Support section of this guide).

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**

### Capital Facilities and Maintenance

- a. **Program Policies of the Council:** Please identify the program delivery policies the Council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description.)
- b. **Policy Changes:** Have any significant policy changes been made over the past year? **Yes ( ) No ( )**

If yes, please identify on an attached page.

- c. **Minimum Program Requirement:** Are projects implemented in accordance with the following generally accepted capital management principals?
- All projects have a well defined and formally approved scope of work, schedule and budget; **Yes ( ) No ( )**
  - A qualified project manager is appointed for all projects; **Yes ( ) No ( )**
  - Feasibility studies are carried out when deemed necessary by the Council; **Yes ( ) No ( )**
  - All new facilities are designed to meet code requirements in accordance with the AFA agreement. All designs for projects having a total estimated cost of more than \$50,000, or not normally within the competence of a technician /technologist bear the stamp of a professional engineer or architect; **Yes ( ) No ( )**
  - All projects are inspected and certified for compliance with code requirements by qualified inspectors; **Yes ( ) No ( )**
  - All housing construction are inspected by CMHC designated inspectors for compliance with code requirements at the following stages: site, foundation, framing and insulation and completion; and **Yes ( ) No ( )**
  - Does the Council have a policy on the use of a competitive tendering process to ensure best value, prudence, probity and sound contract management. **Yes ( ) No ( )**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

the Council to DIAND (Refer to the Capital Facilities and Maintenance section of this guide).

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**

**Facilities Operations and Maintenance (O&M):**

a. **Program Policies of the Council:** Please identify the program delivery policies the Council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

b. **Policy Changes:** Have any significant policy changes been made over the past year?  
Yes ( ) No ( )  
If yes, please identify on an attached page.

c. **Minimum Program Requirements:** Operation and maintenance of community infrastructure and education facilities is carried out in accordance with the following:

- Band capital assets are recorded in an inventory of band assets;  
Yes ( ) No ( )
- Performance/level of service standards are identified for all assets;  
Yes ( ) No ( )
- Minimum maintenance activities are planned for all assets;  
Yes ( ) No ( )
- All activities are assigned to a responsible person to ensure their completion;  
Yes ( ) No ( )
- A record is kept of all maintenance activities performed. Yes ( ) No ( )

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

d. **Additional Information:** Data Reports for Facilities Operations and Maintenance shall be submitted by the Council to DIAND (Refer to the Capital Facilities and Maintenance section of this guide).

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**



**Fire Protection**

a. **Program Policies of the Council:** Please identify the program delivery policies the Council has adopted and is applying (on a separate piece of paper by referencing the name and date of the policy or by providing a brief description).

b. **Policy Changes:** Have any significant policy changes been made over the past year?  
Yes ( ) No ( )  
If yes, please identify on an attached page.

c. **Minimum Program Requirement:** Are fire protection services being provided on reserve as intended?  
Yes ( ) No ( )

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

d. **Other Information:** Data report for Fire Protection shall be submitted by the Council to DIAND (Refer to the Capital Facilities and Maintenance section of this guide).

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**

**Policing (funded by the Solicitor General of Canada)**

a. **Program Policies of the Council:** Please identify the program delivery policies the Council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

b. **Policy Changes:** Have any significant policy changes been made over the past year?  
Yes ( ) No ( )

If yes, please identify on an attached page.

c. **Minimum Program Requirements:** Have all constables employed received and maintained certification from the RCMP or appropriate provincial authority (please specify provincial authority \_\_\_\_\_)?  
Yes ( ) No ( )

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

d. **Other Information:** Data report for Policing shall be submitted by the Council to DIAND (Refer to the Other Program Reporting section of this guide).

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**

**Health Services Canada Transfer Agreements (funded by Health Canada)**

- a. **Program Policies of the Council:** Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- b. **Policy Changes:** Have any significant policy changes been made over the past year?  
Yes ( ) No ( )  
If yes, please identify on an attached page.
- c. **Minimum Program Requirements:** If a "no" is answered for any of the following questions, please identify on a separate page the problem(s) being encountered and any corrective action being taken.

**Community Health Services**

- Were the communicable disease control immunization levels maintained according to provincial/federal schedules? Yes ( ) No ( ) N/A ( )
- Were the communicable diseases reported as required by provincial/federal legislation? Yes ( ) No ( ) N/A ( )
- Were the federal/provincial authorities notified within 24 hours of a disease with epidemic potential? Yes ( ) No ( ) N/A ( )

**Treatment Services**

- Do all community members have access to treatment services as specified in the Community Health Plan? Yes ( ) No ( ) N/A ( )

**Environmental Health and Surveillance**

- Do environmental health services meet provincial/federal environmental standards? Yes ( ) No ( ) N/A ( )
- Was the Minister of National Health and Welfare notified within 24 hours of the existence of any environmental hazards identified? Yes ( ) No ( ) N/A ( )

**Emergency Preparedness Plan**

- Was the council's emergency preparedness plan and a coordinator for the plan maintained to deal with the health aspects of major disasters such as fire, floods and epidemics? Yes ( ) No ( ) N/A ( )

**Stocked Drugs**

- Has the council entered into a contractual arrangement with a pharmaceutical firm for the purchase of its drugs and medical stocks?  
**Yes ( ) No ( ) N/A ( )**
- Has the council managed the purchase, control, dispensing and disposal of stocked narcotics and controlled drugs in accordance with the appropriate regulations of the *Narcotics Control Act* and the *Food and Drug Act*?  
**Yes ( ) No ( ) N/A ( )**

**Liability Insurance**

- Has the council maintained an appropriate insurance policy to cover any respective malpractice and professional liability that may result from the council's delivery of health services under this agreement?  
**Yes ( ) No ( ) N/A ( )**

**Confidentiality**

- Has information of a confidential nature relating to the affairs of the Minister of National Health and Welfare been treated by the council as confidential?  
**Yes ( ) No ( ) N/A ( )**
- Has all information of a personal medical nature to which the council becomes privy been treated as confidential?  
**Yes ( ) No ( ) N/A ( )**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

- d. **Other Information:** Data Report for Health Transfer Services shall be submitted by the Council to DIAND.

**Information provided here confirmed as correct by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**



Indian and Northern Affairs Canada  
Affaires indiennes et du Nord Canada

# FIRST NATIONS NATIONAL REPORTING GUIDE

**1999-2000**

## APPENDIX A: ALTERNATIVE APPROACHES TO DATA COLLECTION

**Applicable to Recipients funded under:  
Comprehensive Funding Arrangements (CFA);  
Alternative Funding Arrangements (AA);  
and Financial Transfer Agreements (FTA)**  
*{unless otherwise specified}.*

## **APPENDIX A:**

### **ALTERNATIVE APPROACHES TO DATA COLLECTION**

---

#### **1. ELECTRONIC DATA INTERCHANGE (EDI)**

Electronic Data Interchange (EDI) is about replacing onerous paper-based processes with automated systems. Consistent with the goal of increased transparency, EDI means a two-way sharing of electronic data between First Nations and the department.

The manual collection of data from First Nations presents a significant paper burden and workload on both First Nations and the department. In a single manual data collection exercise, the department sometimes prints hundreds of pages of data for an individual First Nation community to process. The First Nation must go through the paper, adding, deleting, and editing records by hand and then return an updated copy to the department. If hand writing cannot be read or if a photocopy is unreadable, departmental staff must perform a follow up. At the end of the process, First Nations are often left with a stack of hand-edited paper.

The burden of current data collection processes is one reason why reaching out to First Nations to establish an information partnership is a cornerstone of the department's Information Management Strategic Vision. This information partnership was endorsed by the Information Management Committee and the Deputy Minister in December 1996. Indeed, the department has made a public commitment to "extend DIAND's information infrastructure to First Nations to enable automated data collection and First Nations access to DIAND information".

Based on efficiencies for each database application, three technology options for EDI could be offered to all First Nations:

- (a) Computer Diskette Interchange (CDI). The aim of CDI is to minimize the requirements and costs of technology for First Nations. To participate in CDI, a First Nation needs only a computer (PC) and "off-the-shelf" spreadsheet/database software such as Lotus, Excel, QuattroPro or dBASE. First Nations need no existing electronic data to participate in CDI. The department will provide the data on diskette for electronic updating by First Nations (following existing data guides). First Nations will be encouraged to keep a copy of the electronic data for their own use.
- (b) Internet File Interchange (IFI). Rather than updating a computer diskette or paper provided by the department, First Nations can securely exchange data over the Internet through file transfer processes.
- (c) WebPage Data Interchange (WDI). First Nations can gain secure access to their data (only) from an Internet web site for online updating purposes.

Work is already underway to provide First Nations with EDI options to access Capital data - Housing & Infrastructure Recording & Reporting System (HIRRS), as well as population data - Non-Registered On-Reserve Population System (NRORPS). Both are

expected to be implemented and available to First Nations in early 1999.

The department's experience with EDI to date has demonstrated its potential to reduce workload and paper burden. Even with a basic exchange of computer diskettes, the process is far more simple and less time consuming than traditional data collection. Further, First Nations are not left with a stack of hand-edited paper. Instead, they have an electronic copy of their data which they can use to manage their affairs.

**For further information on Electronic Data Interchange (EDI), please contact your DIAND regional office *{page 15 of the Introduction and User Guide Section}*.**

## **APPENDIX A: ALTERNATIVE APPROACHES TO DATA COLLECTION**

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### **2. POST-SECONDARY EDUCATION (PSE) DATA ACQUISITION PROJECT WITH STATISTICS CANADA**

DIAND is committed to involving the First Nations as full partners in the development of any new or alternative means for collecting data to ensure that their data requirements are met. DIAND has been working with Statistics Canada to see if the amount of the Post-Secondary Education (PSE) data currently reported to DIAND by First Nations could be reduced by collecting the data from Statistics Canada. In this endeavour, there is potential to reduce response burden and workload on First Nations.

#### **Why is Statistics Canada an alternative source of the data?**

Each year, First Nation administering organizations provide DIAND with a limited set of non-financial information regarding the PSE students that they have sponsored through DIAND's Post-Secondary Student Support Program (PSSP). The information includes the students name, gender, etc., as well as data describing their studies (see the Education Section, Post Secondary sub-section of this guide for an example of the data provided to DIAND). The department uses this information to address policy and operational issues, program evaluation under the PSSP and for statistical enquiries. First Nation administering organizations also use the PSE data to administer/manage the PSE program in their communities.

Much of the same personal information regarding First Nation PSE students are stored on Statistics Canada's databases. However, Statistics Canada gets the information from universities. In fact, the same PSE information is being collected twice by two different departments. Once by DIAND and once by Statistics Canada. Note, however, that the information collected by Statistics Canada does not identify aboriginal students nor any affiliation to their community.

DIAND would like to explore the possibility of eliminating this duplication. The idea is to get the PSE data from Statistics Canada rather than from the First Nation administering organizations. If this works, there is an opportunity to reduce the response burden on First Nations. Accordingly, DIAND would like to better understand the benefits and limitations of this data collection approach through a pilot project. While some pilots have already been conducted, DIAND would like to continue assessing the merits of this project into the 1999-2000 year.

#### **Who will participate in the pilot study?**

Participation in the pilot project is voluntary. If you agree to participate in the pilot, the process would be straight forward. Your PSE students would complete and sign a data/permission form which will be provided by the regional office. This is because the Statistics Act, which is the legislative authority under which the Statistics Canada obtains the information from the universities, contains strict confidentiality provisions that would require the explicit approval of individual students to release this information to DIAND. The information provided on the forms will only be used to assess the feasibility of this



project, is protected under the Privacy Act (e.g. any information concerning individuals is physically secured as well as prohibited for public release) and there will be no consequences if you or your PSE students refuse to participate. When the forms have been completed they can be sent to the DIAND regional office. The data/permission forms will be sent to Statistics Canada for a data match and exchange. The results of this data match and exchange will enable DIAND to examine the feasibility of implementing this alternative source of PSE data.

DIAND will continue to search for new and alternative approaches to data collection and in this regard, your support and involvement is very important and appreciated. Your regional DIAND office will contact you with further details on this initiative.