



FIRST NATIONS NATIONAL REPORTING GUIDE 2001-2002

VOLUME I - FORMS

**Applicable to Recipients funded under:
Comprehensive Funding Arrangements(CFA);
Alternative Funding Arrangements (AFA);
Financial Transfer Agreements (FTA);
Canada/First Nations Funding Agreements (CFNFA);
and DIAND/First Nation Funding Agreements (DFNFA).**

VOLUME I - FORMS

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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 Comprehensive Funding Arrangements (CFA), Alternative Funding Arrangements (AFA), Financial Transfer Agreements (FTA) and Canada First Nations Funding Agreements (CFNFA), and DIAND First Nations Funding Agreements (DFNFA). For a summary of reports to be submitted by AFA/FTA/CFNFA/DFNFA First Nations, please refer to Annual Return Management Report, Volume I: Forms, Tab L.

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.

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.

This Guide is divided into two volumes:

Volume I: Forms ◦ contains all the necessary reporting forms and instructions by program reporting type.

Volume II: Reference ◦ a reference document that contains an overview of the program, key terms, a summary of reporting requirements, and data element definitions.

Data Element Definitions: Many of the data element 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. Included in the definitions is a **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. The **source** where the data element **originates** is also included. This helps clarify what documents to use when providing data and helps ensure that all First Nations provide DIAND data from a consistent source.

The Guide is designed to work in two ways:

• as a quick reference for First Nations administrators who are already familiar with reporting procedures and the forms used; and

• as a background document for those First Nations administrators who are not familiar with reporting procedures or who need a refresher course.

Please **contact your DIAND regional office if you have any questions**. Information is also available on DIAND's Home Page at: <http://www.inac.gc.ca> on the Internet.

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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."

PROGRAM	CFA	AFA	FTA/ CFNFA/ DFNFA
Non-Registered On-Reserve Population (<i>All Bands</i>)	#	#	#
Environmental Assessment	#	#	#
Lands and Trust Services (<i>Including Indian Registry</i>)	#	#	#
Education	#	#	#
Youth Strategy Program	#	#	#
Social Development (<i>Reimbursement of actual eligible costs</i>)	#	#	#
Social Development (<i>Multi-year Agreements</i>)		#	#
Indian Government Support	#	#	#
Capital: - Operation and Maintenance of Infrastructure Assets and Facilities, - Community Capital Facilities Service Delivery (<i>Including Housing</i>)	#	#	#
Economic Development	#	#	#
Other Program Reporting - Policing (Solicitor General of Canada) - Health (Health Canada)	#	# #	# #
Annual Return Management Report for Alternative Funding Arrangements (AFA) / Financial Transfer Agreements (FTA) / Canada/First Nations Funding Agreements (CFNFA) / DIAND/First Nations Funding Agreements (DFNFA)		#	#
Appendix A: Alternative Approaches to Data Collection - Electronic Data Interchange (EDI)	#	#	#

If you have any questions, contact your DIAND regional office (*list is on page 12*).

INTRODUCTION

WHY IS REPORTING NECESSARY?

DIAND currently collects administrative, financial, economic and socio-demographic data. The collection of timely and complete program data is essential for DIAND, as well as for First Nations. The collected information benefits and assists both First Nations and DIAND to effectively fulfill their respective obligations.

First Nation administrations are responsible to their communities and members for their activities in band governance and for administering services and programs. Consistent with self-government, First Nations have assumed greater responsibilities for program development and service delivery. As such, program data are an increasingly important tool supporting the decision-making processes of individual First Nations. In effect, DIAND's rationale for program reporting is increasingly becoming a First Nation's rationale.

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

- < 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 collects program data to support 1) statutory requirements, 2) accountability, 3) resource allocation, 4) operational requirements (administrative needs), and 5) program planning, as well as for policy analyses.

Statutory or Other Government Requirements

All governments/governing bodies are required either by law, regulation or sometimes policy to file reports from time to time on certain events such as births, deaths and conditions. DIAND is required by the *Indian Act* (Chapter 1, Section 1), for example, to record in the Indian Register the names of individuals who are registered under the *Act*. Data on the type of residence, age and location are also collected for policy purposes. They help determine where and what level of resources will be required to meet the needs of Canada's Registered Indian population. In other cases, the information is reported directly to the appropriate authority, without DIAND's involvement. Fire losses, for example, must be reported to the appropriate authority and subsequently to Labour Canada (formerly the Dominion Fire Commissioner). Reporting information such as this is essential to plan future fire fighting and prevention strategies.

Resource Allocation and Performance Reporting

Data collected from First Nations are also used to justify and defend DIAND's budget and current level of resources. DIAND must demonstrate that resources have been allocated to regions, and subsequently to First Nations, in a fair and equitable manner. This is especially critical for those programs and services that are discretionary, such as capital, housing, operations and maintenance funds. DIAND's ability to acquire funds on behalf of First Nations and to report on achievements depends largely on receiving quality program data.

Accountability

All governing bodies are ultimately responsible and accountable to the members of the public they represent. Being accountable requires governing bodies to be answerable to their members for their decisions. First Nations have a responsibility to their members to make the most effective and efficient use of all funds allocated to the First Nation. Similarly, DIAND must demonstrate to the Canadian public, through the Minister, Parliament and agencies, such as the

INTRODUCTION

Auditor General of Canada, that all funds, including those allocated to First Nations, are being spent wisely and are achieving the desired policy objectives.

The collection of data from First Nations is, therefore, essential for either DIAND or First Nations to assess the results of program expenditures against operational, program and policy objectives. Accountability, also requires data collection processes, which can provide a reporting framework for the long run. Although some information can be obtained from external sources such as Statistics Canada, First Nations are the primary source of data on population, assets on reserve, education, social assistance and housing, etc. 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.

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; students in post-secondary education programs are graduating, in which fields, etc.
- < 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; and
- < the First Nation is making progress in resolving its housing shortage.

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. Identifying trends, which are useful to both First Nations and DIAND, requires the collection of uniform and consistent data 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 by collecting 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.

Operational Requirements

First Nations need to have information to inform their community members about the effectiveness of programs, as well as to be able to adjust the programs to meet the specific needs of their members more efficiently and effectively. Working in partnership with First Nations, DIAND tries to ensure that all the information identified and collected through this Guide is beneficial for First Nations or tribal councils, as well as for DIAND, in effectively administering and managing funded programs.

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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) to deliver programs and services to 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), a Financial Transfer Agreement (FTA), a Canada First Nation Funding Agreement (CFNFA) or a DIAND/First Nations Funding Agreement (DFNFA) with DIAND must use this Guide to meet the terms and conditions associated with program reporting.

Comprehensive Funding Arrangement (CFA)

The CFA is the basic funding arrangement where First Nations are funded on a reimbursement basis. (It is also referred to in some regions as a master funding arrangement.) A CFA may contain one or more funding authorities, such as contributions, flexible transfer payments (FTP) or grants.

- < Contributions are conditional transfer payments for a specified purpose that is subject to being accounted for or audited to determine adherence to terms and conditions of payment and for which unexpended balances or unallowable expenditures are to be reimbursed to the Crown.
- < Flexible Transfer Payments (FTP) are conditional transfer payments for a specified purpose for which unexpended balances may be retained by the council, provided that the program terms and conditions have been fulfilled by the council. Any deficit is the responsibility of the council.
- < Grants are unconditional transfer payments.

Alternative Funding Arrangements (AFA)

AFAs establish a different relationship between the Crown and recipients than what 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 do the conventional “comprehensive funding arrangement”.

Financial Transfer Agreements (FTA)

Canada/First Nations Funding Agreement (CFNFA) and DIAND/First Nations Funding Agreement (DFNFA)

FTAs/CFNFAs/DFNFAs also establish a different relationship between the Crown and recipients than what exists under CFAs and AFAs. Specifically, FTA/CFNFA/DFNFA are funding mechanisms that define minimum standards for a local accountability framework in order to transfer increased authority to First Nations over program design and delivery and the management of funds.

Recipients may reallocate funds between program areas and redesign programs to meet specific community needs. FTAs/CFNFAs/DFNFAs provide First Nations with the greatest flexibility.

If you have any questions regarding funding arrangements, please contact your DIAND regional office.

FIRST NATIONS DATA REPORTING SCHEDULE 2001-2002

CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	Collection Period / Census Date for First Nations	DUE DATES First Nations to Regions	
TAB B	NON-REGISTERED ON-RESERVE POPULATION (NRORP)					
	#	#	#	NRORP Band Population Report (All bands) - Sample only	December 31	February 15
	#	#	#	NRORP Collection Form (<i>if new individuals are added</i>) (All bands)	December 31	February 15
	#	#	#	NRORP Certificate Form (All bands)	December 31	February 15
TAB C	ENVIRONMENTAL ASSESSMENT					
	#	#	#	Environmental Compliance Report	Annually (previous fiscal year)	June 30
	#	#	#	CEAA: Environmental Assessment Report	Before start of any project with potential environmental impact	Contact Region
TAB D	LANDS AND TRUSTS SERVICES					
	i. Land Management and Transfers					
	#	#	#	Quarterly Report on Rentals and Receivables	Annually or twice yearly	Contact Region
	#	#	#	Summary Report of Land Management Transactions	Project-by-project	Contact Region
	ii. Indian Registration					
	#	#	#	Indian Registry Data Entry	Monthly	Contact Region
	#	#	#	Indian Register Events Reports Summary	Monthly	Contact Region
	#	#	#	Certificate of Indian Status Register	Monthly	Contact Region
	iii. Band Governance					
	#	#	#	Electoral Officer's Report	Two weeks following every general election and by-election	Contact Region
	iv. Resource Access Negotiations (RAN) Program					
	#	#	#	Application Form (summary of project proposal)	Project-by-project	Prior to funding consideration
	#	#	#	End-of-Project Report Form (project results)	Annually (previous fiscal year)	June 30

FIRST NATIONS DATA REPORTING SCHEDULE 2001-2002

TAB E

CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	Collection Period / Census Date for First Nations	DUE DATES First Nations to Regions
EDUCATION					
E1 - ELEMENTARY/SECONDARY EDUCATION					
#	#	#	Nominal Roll Student Census Report	September 30	October 15
#	#	#	Annual Certification of Teachers and Curriculum	Annually beginning school year	Annually soon after beginning school year
#	#	#	Provincial-Territorial Educational Services Report	Annually	Set by Region
#	#	#	School Evaluation Report	Once every 5 years	Set by Region
E2 - POST-SECONDARY EDUCATION (PSE)					
#	#	#	Register of PSE <i>Students</i>	November 1	December 31
#	#	#	Register of PSE <i>Graduates</i> /Summary Total of PSE funded <i>Students</i>	Annually	December 31
#	#	#	Indian Studies Support Program (ISSP)	Annually	Set by Region
E3 - CULTURAL EDUCATION					
#	#	#	Cultural Education Annual Activity Report	Annually	Set by Region
FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY					
#	#	#	Evaluation Report: Science and Technology Camp Program	Annually	September 30 (summer camps) and June 30 (school year camps)
#	#	#	Evaluation Report: Summer Student Career Placement Program	Annually	September 30
#	#	#	Evaluation Report: First Nations Schools Co-operative Education Program	Annually	June 30
#	#	#	Evaluation Report: Work Experience Program	Annually	June 30
SOCIAL DEVELOPMENT					
G1 - Social Assistance					
#			Social Assistance Monthly Reports	Monthly	Contact Region
	#	#	Social Assistance Annual Reports	Annually	May 31
G2 - National Child Benefit (NCB)					
#	#	#	National Child Benefit - First Nations Annual Report on Reinvestment	Annually (previous fiscal year)	Contact Region

TAB F

TAB G

FIRST NATIONS DATA REPORTING SCHEDULE 2001-2002

TAB G
continued

CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	Collection Period / Census Date for First Nations	DUE DATES First Nations to Regions
SOCIAL DEVELOPMENT					
G3 - Social Support Services: On a Reimbursement Basis through Comprehensive Funding Arrangements (CFA)					
#			Child and Family Services Maintenance Monthly Report	Monthly	15 days after months end
#			Child and Family Services Operational Report	Annually or twice yearly	Contact Region
#			Adult Services Monthly Report	Monthly	15 days after months end
#			National Strategy for Integration of Persons with Disabilities Annual Report	Annually (previous fiscal year)	May 31
#			Family Violence Projects Annual Report	Annually (previous fiscal year)	May 31
#			Family Violence Shelters Annual Report	Annually (previous fiscal year)	May 31
#			Community Social Services Annual Projects Report	Annually (previous fiscal year)	May 31
#			Day Care Facilities/ Head Start Program Annual Report	Annually (previous fiscal year)	May 31
G3 - Social Support: Alternative Funding Arrangements (AFA)/Financial Transfer Agreements (FTA)/ Canada/First Nations National Funding Agreements (CFNFA)/ DIAND/First Nations Funding Agreements (DFNFA)					
		#	Child and Family Services Maintenance Monthly Report <i>(Reporting is applicable only in cases when block funding for FTA/CFNFA/DFNFA pilot projects have been approved.)</i>	Monthly	15 days after months end
		#	Child and Family Services Operational Report <i>(Reporting is applicable only in cases when block funding for FTA/CFNFA/DFNFA pilot projects have been approved.)</i>	Annually or twice yearly	Contact Region
	#	#	Adult Services Annual Report	Annually (previous fiscal year)	May 31
	#	#	National Strategy for Integration of Persons with Disabilities Annual Report	Annually (previous fiscal year)	May 31
	#	#	Family Violence Projects Annual Report	Annually (previous fiscal year)	May 31
	#	#	Family Violence Shelters Annual Report	Annually (previous fiscal year)	May 31
	#	#	Community Social Services Projects Annual Report	Annually (previous fiscal year)	May 31
	#	#	Day Care Facilities/ Head Start Program Annual Report	Annually (previous fiscal year)	May 31

FIRST NATIONS DATA REPORTING SCHEDULE 2001-2002

TAB H

CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	Collection Period / Census Date for First Nations	DUE DATES First Nations to Regions
INDIAN GOVERNMENT SUPPORT					
Band Support Funding (BSF) & Tribal Council Funding*				*Only Where Applicable	
#	#	#	Application for Grant: Band Support Funding and Tribal Council Funding*	Annually (previous fiscal year)	Contact Region
			Tribal Council/Unaffiliated Large Band Advisory Services*:	*Only Where Applicable	
#	#	#	Eligible Unaffiliated Large Band Advisory Services Annual Report*	Annually (previous fiscal year)	Contact Region
#	#	#	Program Activities Annual Report*	Annually (previous fiscal year)	Contact Region
Band Employee Benefits Program					
#			Application for Band Employee Benefits Funding (CFA only)	Annually (previous fiscal year)	May 31
#			List of Eligible Employees (CFA only)	Annually (previous fiscal year)	May 31
#	#	#	Pension Plan Funding Annual Report	Annually (previous fiscal year)	May 31
Indian/Inuit Management Development [IIMD] Program					
#	#	#	Funding Proposal	Project-by-project	Contact Region

TAB I

CAPITAL					
C1 - Operation and Maintenance of Infrastructure - Assets and Facilities					
i. Fire					
#	#	#	Fire Protection Services Summary Report	Annually (previous calendar year)	March 31
#	#	#	Fire Losses Annual Report	Annually (previous calendar year)	March 31
ii. Housing and Infrastructure Assets					
#	#	#	Annual Report	Annually (previous fiscal year)	March 31
iii. Schools					
#	#	#	Schools Annual Report	Annually (previous fiscal year)	March 31
iv. Capital Assets					
#	#	#	Changes in Capital Assets Annual Report	Annually (previous fiscal year)	March 31
#	#	#	Completed ACRS Project Annual Report	Annually (previous fiscal year)	March 31
#	#	#	Asset Operation and Maintenance (O&M) Review Annual Report	Annually (previous fiscal year)	March 31
#	#	#	Maintenance Management Plan Annual Report	Annually (previous fiscal year)	March 31

FIRST NATIONS DATA REPORTING SCHEDULE 2001-2002

TAB I
continued

CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	Collection Period / Census Date for First Nations	DUE DATES First Nations to Regions
CAPITAL					
C2 - Community Capital Facilities Service Delivery (Including Housing)					
#	#	#	Community-based Housing Plan Annual Report	Annually (previous calendar year)	March 31
Capital Projects:					
#	#	#	Progress Report on Capital Projects	Monthly	Set by Funding Agreement
#	#	#	Certificate of Completion for Capital Projects	Project-by-project	90 days after completion
#	#	#	Five Year Capital Plan <i>Annual Update</i>	Annually (previous calendar year)	March 31

TAB J

ECONOMIC DEVELOPMENT					
Community Economic Development Program (CEDP)					
#	#	#	2001-2002 Economic Development Report	Annually (previous fiscal year)	June 30
#	#	#	Economic Development Log - Part I	These two suggested log forms <u>are not</u> required for submission. <i>They are meant to help First Nations, Inuit and Innu peoples complete the Economic Development Report.</i>	
#	#	#	Economic Development Log - Part II		
Opportunity Fund and the Resource Acquisition Initiative Program					
#	#	#	Project Status Report	Project-by-project	12 months after project startup
Major Business Projects Program					
#	#	#	Project Status Report	Project-by-project	One, three and five years after project startup

TAB K

OTHER PROGRAM REPORTING					
#	#	#	Policing (Solicitor General)	Contact Region	Contact Region
		#	Health Services Reporting and Auditing Guidelines (Health Canada)	Contact Region	Contact Region

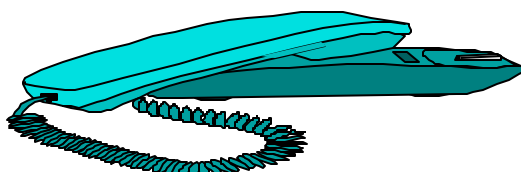
TAB L

ANNUAL RETURN (Fixed Volume -AFA/FTA/CFNFA/DFNFA only)					
	#	#	Management Report	Contact Region	Contact Region

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LIST OF DIAND REGIONAL OFFICES

ALBERTA REGION Indian and Northern Affairs Canada 630 Canada Place 9700 Jasper Avenue EDMONTON AB T5J 4G2 Tel: (780) 495-4088 Fax: (780) 495-3228	ATLANTIC REGION Indian and Northern Affairs Canada 40 Havelock Street PO Box 160 AMHERST NS B4H 3Z3 Tel: (902) 661-6200 Fax: (902) 661-6237
BRITISH COLUMBIA REGION Indian and Northern Affairs Canada Suite 600 1138 Melville Street VANCOUVER BC V6E 4S3 Tel: (604) 775-5100 Fax: (604) 775-7149	MANITOBA REGION Indian and Northern Affairs Canada Room 1100 275 Portage Avenue WINNIPEG MB R3B 3A3 Tel: (204) 983-2475 Fax: (204) 983-0861
ONTARIO REGION 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	QUEBEC REGION 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
SASKATCHEWAN REGION Indian and Northern Affairs Canada 2221 Cornwall Street, 5th Floor REGINA SK S4P 4M2 Tel: (306) 780-5945 Fax: (306) 780-5733	NORTHWEST TERRITORIES REGION Indian and Northern Affairs Canada PO Box 1500 YELLOWKNIFE NT X1A 2R3 Tel: (867) 920-8111 Fax: (867) 669-2703
YUKON REGION Indian and Northern Affairs Canada Room 415C, 300 Main Street WHITEHORSE YT Y1A 2B5 Tel: (867) 667-3380 Fax: (867) 667-3387	NUNAVUT Indian and Northern Affairs Canada Qimugjuk Building, PO Box 2200 Iqaluit, Nunavut, X0A 0H0 Tel: (867) 975-4501 Fax: (867) 975-4560



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LIST OF REGIONAL OFFICE CONTACTS
REGIONS TO INSERT LIST OF REGIONAL CONTACTS

NON-REGISTERED ON-RESERVE POPULATION (NRORP)

BAND POPULATION REPORT	2
COLLECTION FORM	4
CERTIFICATE FORM	6

For an overview of the Non-Registered On-Reserve Population data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab B.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

Note: The procedures outlined in this section may change if First Nations are using Electronic Data Interchange (EDI) - see Appendix A, "Alternative Approaches For Data Collection". In this case, contact your regional DIAND office for separate instructions.

NON-REGISTERED ON-RESERVE POPULATION (NRORP)

BAND POPULATION REPORT - see next page for FORM

This report lists all non-registered individuals living on reserve/in the community provided by the bands and tribal councils for the previous collection period. This list will be sent to the bands and/or tribal councils prior to the collection date for verification and updating, if required. This may not apply in the first year of collection.

DUE DATE: Due annually on February 15. Your submission represents the non-registered population as of December 31st in your community(ies).

INSTRUCTIONS

The updated **NRORP Band Population Report** should accompany the completed **NRORP Collection Forms** (if applicable) and the signed **NRORP Certificate Form** once data are ready to be sent to the regional DIAND office. The following points outline some of the steps involved in updating the **NRORP Band Population Report**:

- < Ensure the information is correct in the spaces for District (if applicable) and Band at the top of the report.
- < Indicate that an entry has been verified and is correct by placing a check mark (✓) beside the entry.
- < All incorrect information is to be corrected directly on the list by writing in the correct information.
- < Strike a line through the entries for individuals who should be removed from the list. Indicate in the notes column the reason (i.e., deceased, moved from reserve, registered).
- < Non-registered individuals living on reserve who are not on the **NRORP Band Population Report** should be added using the **NRORP Collection Form**.

*Please note: More details on how to update your Band Population Report are available in Chapter 5 of the **NRORP Data Handbook**. Contact your regional DIAND office if you do not have a copy.*

NON-REGISTERED ON-RESERVE POPULATION (NRORP)

COLLECTION FORM - see next page for FORM

DUE DATE: Due annually on February 15 in conjunction with the ***NRORP Band Population Report*** and the ***NRORP Certificate Form***.

INSTRUCTIONS

The ***NRORP Collection Form*** is used along with the ***NRORP Band Population Report*** and should accompany the ***NRORP Certificate Form*** when the data are ready to be sent to regional DIAND offices.

- < Verify the region, district, band name and number on the form or write in the information if the fields are blank.
- < Give the name and title of the band official completing the form as well as his/her signature. Provide the date of collection (December 31).
- < List the non-registered individuals living on-reserve/in the community who are NOT on the ***NRORP Band Population Report***, and record the required information for each individual: Surname, Given Name, Birth Date, Gender, Reserve Number and Notes, if applicable, in the columns provided.
- < If the band official is responsible for more than one reserve, a new ***NRORP Collection Form*** is to be used for each reserve.
- < Send the ***NRORP Collection Forms*** along with the ***NRORP Certificate Form*** and the updated ***NRORP Band Population Report*** to your regional DIAND office.

NON-REGISTERED ON-RESERVE POPULATION (NRORP)

CERTIFICATE FORM - see next page for FORM

DUE DATE: Due annually on February 15 in conjunction with the ***NRORP Band Population Report***.

INSTRUCTIONS

This certificate should accompany the updated ***NRORP Band Population Report*** and the ***NRORP Collection Forms*** (if applicable).

- < Ensure the information is correct in the spaces for band name, band number, reserve name and reserve number or fill in the information if the form is blank.
- < Provide the total number of non-registered residents living on the reserve/in the community. This number is calculated by adding all the individuals in the updated ***NRORP Band Population Report*** (a list of non-registered individuals) and the individuals added to the ***NRORP Collection Form*** (if applicable).
- < Date and sign the ***NRORP Certificate Form*** once data are ready to be returned to the DIAND regional office.

*Please note: One **Certificate Form** can be used for each individual reserve
OR one **Certificate Form** can be used for all reserves provided
each reserve is listed in the Reserve Number and Name box.*

**NON-REGISTERED ON-RESERVE POPULATION/
LA POPULATION NON INSCRITE VIVANT DANS LES RÉSERVES**



2001 Certificate Form / Formulaire d'attestation

Band Name / Nom de la bande :	Data Collection Date / Date du recensement: December 31 / 31 décembre, 2001
Band Number / Numéro de la bande :	Reserve Number and Name / Numéro et nom de la réserve :

**Total Non-Registered Residents on the reserve/in the community:
Nombre total de résidents non inscrits vivant dans la réserve/communauté: _____**

Comments / Commentaires :

Name and title of band official / Nom et titre du responsable de la bande :	The information provided is accurate to the best of my knowledge. Les renseignements fournis sont exacts au meilleur de mes connaissances. Signature:	Date:
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ENVIRONMENTAL ASSESSMENT

ENVIRONMENTAL COMPLIANCE REPORT:

Due 90 days after the end of the fiscal year (June 30). Narrative report reflecting that mitigation measures and/or follow-up program requirements have been completed for each project. Reports are 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.

CANADIAN ENVIRONMENT ASSESSMENT ACT (CEAA):
ENVIRONMENTAL ASSESSMENT REPORT 2

For an overview of the Environmental Assessment program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab C.

Additional information can be obtained at your local DIAND regional office (Tab A of this volume).

ENVIRONMENTAL ASSESSMENT

CEAA - ENVIRONMENTAL ASSESSMENT REPORT - see next page for FORM

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.

INSTRUCTIONS - For Page 1 of 3

- < 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 the 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 that are 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 No: _____
 Project Title: _____ EA Trigger: _____
 Region: _____ (Sub-section of CEAA)
 EA Start Date: _____ Amendment: _____ 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 one 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):

Surrounding Environment:

ENVIRONMENTAL ASSESSMENT

CEAA ENVIRONMENTAL ASSESSMENT REPORT - see next page for FORM

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)

Mitigation/Follow-up Requirements

Rationale for Screening Decision

ENVIRONMENTAL ASSESSMENT

CEAA ENVIRONMENTAL ASSESSMENT REPORT - see next page for FORM

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.

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

PART C: SCREENING DECISIONS AS PER SECTION 20(1) OF CEAA		PART D: 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 justified 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 referral 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)	Signature	Date
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LANDS AND TRUSTS SERVICES (Including Indian Registry)

LAND MANAGEMENT AND TRANSFERS

Quarterly Report on Rentals and Receivables:	2
Summary Report of Land Management Transactions	2

INDIAN REGISTRATION

Indian Registry Data Entry (form #)	4
Indian Register Events Reports Summary (form #)	8
Certificate of Indian Status Register (form #)	10

BAND GOVERNANCE

Electoral Officer's Report	12
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RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM

Application Form (summary of project proposal)	16
End-of-Project Report Form (project results)	18

For an overview of the Lands and Trusts Services (including Indian Registry) program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab D.

Additional information can be obtained at your local DIAND regional office (Tab A of this volume).

LANDS AND TRUST SERVICES (Including Indian Registry)

MANAGEMENT AND TRANSFERS QUARTERLY REPORT ON RENTALS AND RECEIVABLES

Contact DIAND regional office for FORM

DUE ANNUALLY OR TWICE-YEARLY: date and intervals set by DIAND regional office

INSTRUCTIONS

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

LAND MANAGEMENT AND TRANSFERS SUMMARY REPORT OF LAND MANAGEMENT TRANSACTIONS

Contact DIAND regional office for FORM

DUE ON A PROJECT BY PROJECT BASIS: date set by DIAND regional office.

INSTRUCTIONS

- < 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.

LANDS AND TRUST SERVICES (Including Indian Registry)

INDIAN REGISTRATION

INDIAN REGISTRY DATA ENTRY - see next pages for FORM

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, confirmed deaths, name change or correction of existing data. Go to the appropriate section of the form for detailed INSTRUCTIONS.

INSTRUCTIONS

- < The actual form is on legal sized paper but has been split into two pages here.
- < Indicate whether this information is New or a Miscellaneous amendment to the Indian Register.
- < Enter the Band Administration Code for funding purposes.
- < 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.
- < **For Births and Miscellaneous Additions:** Indicate if the event took place in the current year or a prior year (birth date of child), and if the father or the mother is the primary parent. Give the residence code, the province, the Indian Registry category and the sex 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 Forced Age of Majority:** Complete Section G 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.

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 date of child or marriage date.
- < **Marriage:** Marriage certificate.
- < **Divorce:** Decree absolute or divorce certificate.
- < All changes require supporting documentation. A changed of name, date of birth or sex requires a birth document. A change of Indian category or adding parents, requires a statement of live birth or a copy of Black Book Registry Page or letter of authority.
- < 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
ENTRÉE DE DONNÉES AU REGISTRE DES INDIENS**

New - Nouveau

OR - OU

Miscellaneous amendments - changements divers

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

A Individual Affected - Individu concerné					
Family name - Nom du famille			Given name(s) - Prénoms(s)		
Registry no. - N° de registre	Date of birth - Date de naissance	Alias (Optional) - Autre noms (Optionnel)			
	YYYY-AAA MM DD-JJ				
B Individual Affected - Individu concerné					
Registry no. - N° de registre	Family name - Nom du famille		Given name - Prénoms		
Registry no. - N° de registre	Date of birth - Date de naissance	Alias (Optional) - Autre noms (Optionnel)			
	YYYY-AAA MM DD-JJ				
Registry no. - N° de registre			Alias (Optional) - Autre noms (Optionnel)		
* 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 - Se le parent n'est pas identifié, inscrire "Non déclaré"					
C Primary Parent - Parent primaire					
Registry no. - N° de registre	Family name - Nom du famille		Given name - Prénoms		
Date of birth - Date de naissance	Sex - Sexe	Province	Residence Code - Code de résidence	Category - Catégorie	6 () ()
YYYY-AAA MM DD-JJ	9 M 9 F				
D Other Parent - Autre parent					
Registry no. - N° de registre	Family name - Nom du famille		Given name - Prénoms		
Date of birth - Date de naissance	Sex - Sexe	Province	Residence Code - Code de résidence	Category - Catégorie	6 () ()
YYYY-AAA MM DD-JJ	9 M 9 F				
E Birth - Naissance					
Please complete Section / Veuillez remplir la section		Sex - Sexe	Province	Residence Code - Code de résidence	Category - Catégorie
A C D		9 M 9 F			6 () ()
F Miscellaneous additions - additions diverses					
Please complete Section / Veuillez remplir la section		9 "Martin" case - Cas "Martin"		9 Other - Autre	
A C D E		9 Over the age of majority - Passé l'âge de majorité			
G Forced age of Majority - Âge de majorité forcé Code "10"					
Child / Enfant	Please complete Section / Veuillez remplir la section		Event Date - Date de l'événement		
	A		9 Brith - Naissance		YYYY-AAA MM DD-JJ
			9 Marriage - Mariage		

H Marriage - Mariage			
9 Two Indians Deux indiens	Code "12"	Husband Époux	Please complete Section Veuillez remplir la section A
9 Indian female married to non-Indian male Indienne mariée à un non-indien	Code "18"	Wife Épouse	Please complete Section Veuillez remplir la section B
9 Indian married to non-Indian female (Acquired status) Indien marié à un non-indienne (Status acquis)	Code "13"	9 Both names Les deux noms	9 Retains maiden name Garde nom de naissance
9 Indian married to non-Indian female (No status gained) Indien marié à un non-indienne (Status non-acquis)	Code "19"	9 Husband's name Le nom de l'époux	
		Enter only if different from husbands's À inscrire si différent de celui de l'époux	Province code - Code de la province Residence code - code de résidence
Divorce			
9 Two Indians Deux indiens	Code "33"	Husband Époux	Please complete Section Veuillez remplir la section A
9 Indian female and non-Indian Indienne mariée à un non-indien	Code "18"	Wife Épouse	Please complete Section Veuillez remplir la section B
9 Indian married to non-Indian female (No status gained) Indien marié à un non-indienne (Status non-acquis)	Code "19"	9 Reverted to maiden name Reprend son nom de naissance	Maiden name - Nom de naissance
J Transfer of children on Divorce - Transfert des enfants suite au divorce Code "56"			
Transfer to Transfert à la (au) *	9 Mother Mère	9 Father Père	Child Enfant
Custody awarded to Garde accordée à la (au) *	9 Mother Mère	9 Father Père	
Resides with Réside avec la (le) *	9 Mother Mère	9 Father Père	
K Confirmed Death			
9 Indian Indien(ne)	Code "40"	Please complete Section Veuillez remplir la section A	(for deceased) (pour la défunt/la défunte)
9 Non-Indian Indienne mariée à un non-indien	Code "61"	Please complete Section Veuillez remplir la section B	Input Indian spouse if deceased is non-Indian Si le défunt/la défunte est non-indien(ne)
L Member - Membre			
9 Member only Membre seulement *	Member no. - N° du membre		
M IRS Direct Data Entry - Entrées directe des données au SII			
Birth registry no. N° de registre de naissance	Completed by - Effectué par Name - Nom	Signature	Date YYYY-AAAA MM DD-JJ

83-073 (08-2000) 7530-21-02-8852

WHITE: DATA INPUT OFFICE
BLANCHE: BUREAU D'ENTRÉES DES DONNÉESYELLOW: AFFECTED OFFICE
JAUNE: BUREAU CONCERNÉPINK: ORIGINATOR
ROSE: DEMANDEUR

LANDS AND TRUST SERVICES (Including Indian Registry)

INDIAN REGISTRATION

INDIAN REGISTER EVENTS REPORTS SUMMARY - see next page for FORM

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.

INSTRUCTIONS

- < 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 Indian Registry Administrator - Signature du l'administrateur du Registre des Indiens	Date Y/A MM DD-JJ <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 25%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 25%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 25%; border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>				

LANDS AND TRUST SERVICES (Including Indian Registry)

INDIAN REGISTRATION

CERTIFICATE OF INDIAN STATUS REGISTER - see next page for FORM

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.

INSTRUCTIONS

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 No.: the number of Certificate of Indian Status. (This number should already be recorded - see below.)
- < Date Issued: the 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 the child.
- < Applicant's address.
- < Issued By: the name of the IRA 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 TRUST SERVICES (Including Indian Registry)

BAND GOVERNANCE

ELECTORAL OFFICER'S REPORT - see next page for FORM

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* and the *Indian Band Election Regulations*; and those First Nations that carry out the election or selection of their council or representatives according to their own local system under custom.

INSTRUCTIONS - page 1 of 2

- < Fill in the band name, number and district. Date the Electoral Officer's Report and indicate if it was a general election or a 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; and
 - 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	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 <i>Indian Act</i> Section 74(3)(b) G I G ii	

Date Nomination notice was	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
Total for Chief <i>(should equal Total Ballots Printed)</i>	Total for Councillor <i>(should equal Total Ballots Printed)</i>

LANDS AND TRUST SERVICES (Including Indian Registry)

BAND GOVERNANCE

ELECTORAL OFFICER'S REPORT - see next page for FORM

INSTRUCTIONS - page 2 of 2

- < List the names and addresses of those elected.
- < Indicate the date the new term of office will start.
- < 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

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 TRUST SERVICES (Including Indian Registry)

RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM: APPLICATION FORM - PAGE 1 OF 2 - see next page for FORM

The Application Form is intended to summarize project proposals that would be presented more fully in other documents. The additional information required in these other documents includes project work plans, including a description of negotiating activities and approximate time frames; project budget, including a list of costs according to work plan activities; names of the other party or parties to the negotiations and documentation indicating they are willing to negotiate; project benefits, including anticipated results and the time frame in which the results will occur; project funding sources; project cash flow, based on the project budget and availability of financing from project funding sources; an explanation on how the project fits into the applicant's community/organization plan and why the applicant believes the negotiations will succeed; a description of the applicant's initiatives to secure funding from other sources; and how the applicant will manage the work.

DUE DATE: Prior to funding consideration.

INSTRUCTIONS

Project Title: Indicate the project title. Fill out a separate report for each project. The project title will be used to describe the project in future correspondence and departmental reports.

Name of Applicant: Fill in the name of the organization seeking the funding. The applicant must be eligible to receive funding. Eligible applicants include First Nation Councils, Inuit and Innu communities and settlements, tribal councils and institutions that have been mandated by their bands or communities to carry out activities on their behalf.

Address: Fill in the address of the applicant. This will be used in future correspondence on the application.

Telephone: Fill in the telephone number, including area code.

FAX: Fill in the fax number, including area code.

Contact Person: Indicate name of person to be contacted regarding the proposal.

Position of Contact Person: Indicate the position of the person to be contacted regarding the proposal.

Applicant Type: Indicate whether the applicant is a band council, a tribal council, a development corporation or some other type of organization, by placing a mark in the appropriate place.

List Other Parties in the Application: In some instances, one organization will submit an application on behalf of a larger group. For example, one band may seek funding on behalf of several other bands to negotiate with a provincial or territorial government or a company. Where there are other parties to the application, these parties should be listed.

Primary Objective: Indicate which of the four objectives of the RAN program best describes your project by placing a mark in the appropriate place. The four objectives of the RAN program are (1) to access off-reserve resources, (2) to manage off-reserve resources, (3) to dispose of reserve resources, and (4) to benefit from major resource projects.

Phase: Indicate whether this is a new project or a continuation/extension of an existing project, by placing a mark in the appropriate place.

Industry: Indicate in which industry the negotiations will take place by placing a mark in the appropriate place. Options include agriculture, fisheries, forestry, hydro, minerals, oil and gas, real estate, tourism, wildlife, and other. If more than one industry is involved, mark "multi-industry".

List the Other Party or Parties to the Negotiation: The other party or parties to the negotiation will be the entities you are negotiating with in order to secure benefits from them. They differ from "other parties in the application". "Other parties in the application" will not normally be in a position to provide you with benefits.

APPLICATION FORM - page 1 of 2
RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM

PROJECT TITLE:

APPLICANT INFORMATION

Name of Applicant:

Address:

Applicant Type:
 Band Council
 Tribal Council
 Development Corporation
 Other

Telephone:

FAX:

Contact Person:

Position of Contact Person:

List Other Parties in the Application:

PROJECT INFORMATION

Primary Objective (Mark One)
 Access off-reserve resources
 Manage off-reserve resources
 Dispose of reserve resources
 Benefit from major resource projects

Industry (Mark One)
 Agriculture Real Estate
 Fisheries Tourism
 Forestry Wildlife
 Hydro Other
 Minerals Multi-industry
 Oil and Gas

Phase (Mark One)
 New project
 Completion or extension of project funded last year

List the Other Party or Parties to the Negotiations:

LANDS AND TRUST SERVICES (Including Indian Registry)

RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM: APPLICATION FORM - PAGE 2 OF 2 - see next page for FORM

INSTRUCTIONS

Estimated Project Costs: Indicate what you expect the project to cost in 2001-2002. If you expect the negotiations to carry on beyond March 31, 2002, indicate expected project costs for 2002-2003.

Anticipated Sources of Funds: The RAN Program expects applicants to secure some funding from sources such as bands, federal departments, federal/provincial governments, companies, and other sources. Indicate the expected funding from these sources for 2001-2002 and 2002-2003.

Description of Negotiation Project: Provide a short description of the negotiation project. At a minimum, the description should identify the other party or parties to the negotiation and the benefits (short-, medium- and long-term) that the community expects to achieve through a negotiated agreement. Other information could include background to the negotiations and the place of the proposed negotiations in the overall development strategy for the community/organization.

Attachments: Please indicate the attachments that are included with the application: e.g., background information, project work plan, detailed project budget, documentation involving other parties to the negotiation, detailed project benefits and the time frames; documentation involving proposed funding sources, project cash flow, and community/organization development plans and strategies.

Signature: Provide the signature of the person responsible for the application.

Name: Provide the name of the person responsible for the application.

Date: Provide the date of the application.

APPLICATION FORM - page 2 of 2
RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM

PROPOSED PROJECT FINANCING

	2001-2002	2002-2003
Estimated Project Costs		
Anticipated Sources of Funds:		
Band		
RAN Program		
Federal Departments		
Provincial/Territorial Governments		
Businesses		
Other (specify)		

PROJECT DESCRIPTION

Description of Negotiation Project:

Attachments (Mark As Many As Appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Background Information
<input type="checkbox"/> Project Work Plan
<input type="checkbox"/> Detailed Project Budget
<input type="checkbox"/> Detailed Project Benefits
<input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Documents Involving Proposed Funding Sources
<input type="checkbox"/> Project Cash Flow
<input type="checkbox"/> Document Involving Other Parties to the Negotiation
<input type="checkbox"/> Community/Organization Development Plans/Strategies |
|---|---|

Signature:	Date:
Name:	

LANDS AND TRUST SERVICES (Including Indian Registry)

RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM END-OF-PROJECT REPORT FORM - PAGE 1 OF 2

The end-of-project report form summarizes the results achieved by the RAN funding recipient. This information is used to determine what was accomplished through the RAN Program.

DUE DATE: On or before June 30th of the fiscal year following the fiscal year in which the RAN Program funding was provided.

INSTRUCTIONS

Project Title: Indicate the project title. The *Project Title* should be the *Project Title* used in your original funding application to the RAN Program. See the Application Form in this guide.

Recipient Name: Indicate the name of the organization that received RAN Program funding. The *Recipient Name* would normally be the same as the *Applicant Name* used in the original funding application to the RAN Program.

Is the project completed? If completed, mark "yes". Otherwise mark "no".

What is the status of negotiations? The purpose of negotiations is to reach agreements.

Agreements can be of several types. For example, agreements can be written and signed final documents. They can be written and signed documents establishing principles and processes that will lead to final documents. They can be informal agreements that are not written and signed but will be the basis for future action. Informal agreements can include verbal arrangements, or written but unsigned drafts that are generally agreed to. Where formal and informal agreements are not reached, negotiations may be ongoing, or put on hold temporarily. Indicate which of the following best describes the status of the negotiations: final agreement signed; agreement in principle signed with final agreement to follow; informal agreement reached and objectives met fully; informal agreement reached and objectives met partially; negotiations are ongoing; negotiations are on hold but not terminated; and negotiations were unsuccessful.

Expected Number of Permanent, Full-time, Year-Round Jobs: Jobs can be of different types. For example, jobs can be permanent with no defined end point, or they can be of fixed duration. An example of the latter would be a construction job in a project that will be completed within two years. Whether jobs are permanent or of fixed duration, jobs can be year-round or not year-round. A job that is not year round might be a seasonal job harvesting timber. Finally, whether jobs are permanent or of fixed duration, and year-round or not year-round, they can be full-time in the sense that they involve a full working day or part-time involving less than a full working day. For the purposes of the RAN Program, a full-time job would involve a working day of 6 hours or more, and a part-time job would involve a working day of less than 6 hours. Indicate the number of permanent, full-time, year-round jobs for community members that have been negotiate.

Expected Number of Permanent, Full-time Jobs that are not Year Round: Indicate the number of permanent, full-time jobs that are not year round that have been negotiated.

Expected Number of Permanent, Part-time, Year-Round Jobs: Indicate the number of permanent, part-time, year-round jobs that have been negotiated.

LANDS AND TRUST SERVICES (Including Indian Registry)

INSTRUCTIONS (continued) - see next page for FORM

Expected Number of Permanent, Part-time Jobs that are not Year Round: Indicate the number of permanent, part-time jobs that are not year round that have been negotiated.

Expected Number of Fixed Duration Jobs: Indicate the number of fixed duration jobs that have been negotiated.

Expected Person Years of Employment in Fixed Duration Jobs: Indicate the number of person years of employment in fixed duration jobs that have been negotiated. Person years of employment can be calculated by multiplying the number of jobs that have been negotiated, by the duration of the jobs expressed in years. For example, 30 jobs lasting 1.5 years would be 45 person years of employment.

Expected Dollar Value of Contracts and Subcontracts: Indicate the expected dollar value of contracts and subcontracts that have been negotiated.

Expected Dollar Value of Community Revenue To Be Generated: Negotiations can lead to community revenue in the form of rents, royalties and stumpage for on-reserve lands and resources, as well as stumpage, royalties and other revenues paid to First Nation governments by businesses or provincial-territorial governments. Indicate the expected dollar value of these community revenues.

Expected Number of Trained Persons: Indicate the number of trained persons that have been negotiated.

Expected Number of Business Starts: Indicate the number of business starts that are expected to arise from the negotiations.

**END-OF-PROJECT REPORT FORM - page 1 of 2
RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM**

PROJECT TITLE:	
RECIPIENT INFORMATION	
Recipient Name:	
STATUS OF NEGOTIATIONS	
Is the project completed (Mark One)? <input type="checkbox"/> yes <input type="checkbox"/> no	
What is the status of negotiations (Mark One)? <input type="checkbox"/> Final agreement signed <input type="checkbox"/> Agreement in principle signed with final agreement to follow <input type="checkbox"/> Informal agreement reached and objectives met fully <input type="checkbox"/> Informal agreement reached and objectives met partially <input type="checkbox"/> Negotiations are ongoing <input type="checkbox"/> Negotiations on hold but not terminated <input type="checkbox"/> Negotiations were unsuccessful	
BENEFITS EXPECTED TO RESULT FROM NEGOTIATED AGREEMENTS	
Expected Number of Permanent, Full-time, Year-Round Jobs	
Expected Number of Permanent, Full-time Jobs that are not Year Round	
Expected Number of Permanent, Part-time, Year-Round Jobs	
Expected Number of Permanent, Part-time Jobs that are not Year Round	
Expected Number of Fixed Duration Jobs	
Expected Person Years of Employment in Fixed Duration Jobs	
Expected Dollar Value of Contracts and Subcontracts	
Expected Dollar Value of Community Revenue To Be Generated	
Expected Number of Trained Persons	
Expected Number of Business Starts	

LANDS AND TRUST SERVICES (Including Indian Registry)

RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM

END-OF-PROJECT REPORT FORM - PAGE 2 OF 2 - see next page for FORM

INSTRUCTIONS

Description of Results: Describe the benefits that have been negotiated. These benefits may include quantifiable items such as business starts, trained people, community revenues, contract values and jobs. They may also include the amount of resources that have been accessed for harvesting or mining. In addition, benefits may include non-quantifiable benefits such as greater involvement in decision-making related to natural resources.

Signature: Provide the signature of the person responsible for the end-of-project report.

Name: Provide the name of the person responsible for the end-of-project report.

Date: Provide the date of the end-of-project report.

**END-OF-PROJECT REPORT FORM - page 2 of 2
RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM**

Description of Results:

--



Signature:	Date:
Name:	

EDUCATION

ELEMENTARY/SECONDARY EDUCATION

Nominal Roll Student Census Report	2
Annual Certification of Teachers and Curriculum	5
Provincial-territorial Educational Services Report	7
School Evaluation Report	7

POST-SECONDARY EDUCATION

Register of Post-Secondary Students	8
Post-Secondary Education: Program Codes Table	10
Post-Secondary Education: Qualification Sought Code Table	11
Register of Post-Secondary Graduates/ Summary Total of Post-Secondary Funded Students	12
Indian Studies Support Program (Issp)	14

CULTURAL EDUCATION

14

For an overview of the Education programs and data collection exercises, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab E.

Additional information can be obtained at your local DIAND regional office (Tab A of this volume).

ELEMENTARY-SECONDARY EDUCATION

NOMINAL ROLL STUDENT CENSUS REPORT - see next page for FORM

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

INSTRUCTIONS

- < 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 that has financial responsibility for each student, as well as the numbers of the band and reserve where the student ordinarily resides.

ELEMENTARY-SECONDARY EDUCATION

The instructions for the Nominal Roll Student Census Report are also available on the back of the actual form as shown below.

COVERAGE	PORTÉE																																																
<p>Influenza, Non-Indian students residing on reserve and On-Reserve. In respect of any other students, the information is to be reported from the District of Indian Affairs and Northern Development in the same form as provided to the Director of the Ministry of Indian Affairs and Northern Development in the Nominal Roll.</p> <p>- the regular annual information on students reported last year from your school - the ending form: report on all new students</p> <p>The Indian Affairs Division District/Regional Office will determine the time of information to be provided by the schools in the District/Region. It will also ascertain the completion and validity of the information reported. The completed school forms will then be returned to the Indian Affairs Division Regional Office.</p>	<p>Indiens, Indiens Non-Indiens résidant sur réserve et On-Reserve. En ce qui concerne les autres élèves, les renseignements à fournir sont les mêmes que ceux fournis au Directeur du Ministère des Affaires Indiennes et du Nord canadien dans le même formulaire nominatif.</p> <p>- L'information annuelle habituelle sur les élèves inscrits à votre école l'année dernière - Le formulaire de renseignements à remplir sur les nouveaux élèves</p> <p>Le Bureau de district de la région des services d'éducation des Affaires indiennes déterminera le moment où les écoles de la région doivent fournir les renseignements. Il vérifiera également la complétude et la validité des renseignements fournis. Les formulaires remplis seront retournés au Bureau des services d'éducation des Affaires indiennes.</p>																																																
<p>1. DATE OF BIRTH (e.g. January 3, 1978)</p> <table border="1"> <tr> <th>Year</th> <th>Month</th> <th>Day</th> </tr> <tr> <td>78</td> <td>01</td> <td>03</td> </tr> </table>	Year	Month	Day	78	01	03	<p>1. DATE DE NAISSANCE (e.g. le 3 janvier 1978)</p> <table border="1"> <tr> <th>Année</th> <th>Mois</th> <th>Jour</th> </tr> <tr> <td>78</td> <td>01</td> <td>03</td> </tr> </table>	Année	Mois	Jour	78	01	03																																				
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<p>5. RESIDENCE</p> <p>Parents or guardian's residence, ordinarily being on reserve</p> <table border="1"> <tr> <td>1</td> <td>On Reserve</td> <td>3</td> <td>Other (No local TRF)</td> </tr> <tr> <td>2</td> <td>On Cross-Reserve</td> <td>4</td> <td>Off-Reserve</td> </tr> </table>	1	On Reserve	3	Other (No local TRF)	2	On Cross-Reserve	4	Off-Reserve	<p>5. RÉSIDENCE</p> <p>Résidence du parent ou du gardien, habituellement sur la réserve</p> <table border="1"> <tr> <td>1</td> <td>Sur les terres de la Couronne</td> <td>3</td> <td>Autres (pas de statut TRF)</td> </tr> <tr> <td>2</td> <td>Sur les terres de la Couronne</td> <td>4</td> <td>À l'extérieur de la réserve</td> </tr> </table>	1	Sur les terres de la Couronne	3	Autres (pas de statut TRF)	2	Sur les terres de la Couronne	4	À l'extérieur de la réserve																																
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<p>6. ACCOMMODATION</p> <p>Type of accommodation provided to student for which the grade of the program is not offered in the school or local school, or for which school distance is a factor, or in case of child custody.</p> <table border="1"> <tr> <td>1</td> <td>No accommodation provided</td> </tr> <tr> <td>2</td> <td>Room and board/home home placement</td> </tr> <tr> <td>3</td> <td>Boarding school</td> </tr> <tr> <td>4</td> <td>Student residential</td> </tr> <tr> <td>5</td> <td>Group home</td> </tr> <tr> <td>6</td> <td>Room and board (4-6 days)</td> </tr> <tr> <td>7</td> <td>Temp home (2 months)</td> </tr> </table>	1	No accommodation provided	2	Room and board/home home placement	3	Boarding school	4	Student residential	5	Group home	6	Room and board (4-6 days)	7	Temp home (2 months)	<p>6. LOGEMENT</p> <p>Logement fourni à l'élève dont le niveau scolaire (ou le programme) n'est pas offert à l'école locale ou à l'école de la réserve, lorsque l'école est éloignée de la réserve, lorsque l'école n'est pas présente à la résidence de l'élève.</p> <table border="1"> <tr> <td>1</td> <td>Aucun logement fourni</td> </tr> <tr> <td>2</td> <td>Logement et nourriture/accueil en foyer privé</td> </tr> <tr> <td>3</td> <td>École pensionnaire</td> </tr> <tr> <td>4</td> <td>Foyer collectif</td> </tr> <tr> <td>5</td> <td>Résidence d'élève (3-6 jours)</td> </tr> <tr> <td>6</td> <td>Chambre d'hôte (2-6 semaines)</td> </tr> <tr> <td>7</td> <td>Autre logement temporaire</td> </tr> </table>	1	Aucun logement fourni	2	Logement et nourriture/accueil en foyer privé	3	École pensionnaire	4	Foyer collectif	5	Résidence d'élève (3-6 jours)	6	Chambre d'hôte (2-6 semaines)	7	Autre logement temporaire																				
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<p>7. DISTRICT OF FINANCIAL RESPONSIBILITY</p> <p>Province or District which is funding the student's education.</p>	<p>7. DISTRICT DE RESPONSABILITÉ FINANCIÈRE</p> <p>Province ou le district ayant la responsabilité financière pour l'éducation de l'élève.</p>																																																
<p>8. TRANSPORTATION: REGULAR</p> <table border="1"> <tr> <td>1</td> <td>Transported daily by school bus</td> </tr> <tr> <td>2</td> <td>Transported daily by other means (e.g. car, motorcycle, etc.)</td> </tr> <tr> <td>3</td> <td>Transported by public transit</td> </tr> <tr> <td>4</td> <td>No service provided</td> </tr> </table>	1	Transported daily by school bus	2	Transported daily by other means (e.g. car, motorcycle, etc.)	3	Transported by public transit	4	No service provided	<p>8. TRANSPORT: RÉGULIER</p> <table border="1"> <tr> <td>1</td> <td>Transport quotidien par autobus scolaire</td> </tr> <tr> <td>2</td> <td>Transport quotidien par d'autres moyens (voiture, moto-motocycle, etc.)</td> </tr> <tr> <td>3</td> <td>Transport régulier</td> </tr> <tr> <td>4</td> <td>Pas de service</td> </tr> </table>	1	Transport quotidien par autobus scolaire	2	Transport quotidien par d'autres moyens (voiture, moto-motocycle, etc.)	3	Transport régulier	4	Pas de service																																
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<p>16. BAND OF RESIDENCE</p> <p>Provide number of the band or school reserve the student presently resides.</p>	<p>16. BANDE DE RÉSIDENCE</p> <p>Indiquer le numéro de la bande ou réserve où l'élève réside actuellement.</p>																																																
<p>17. RESERVE OF RESIDENCE</p> <p>Provide number of the reserve on which the student ordinarily resides. (ART reserve number).</p>	<p>17. RÉSERVE DE RÉSIDENCE</p> <p>Indiquer le numéro de la réserve où l'élève réside habituellement. (numéro de réserve TRF).</p>																																																
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ELEMENTARY-SECONDARY EDUCATION

ANNUAL CERTIFICATION OF TEACHERS AND CURRICULUM - see next page for FORM

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

INSTRUCTIONS

- < 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 AND 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 THAT 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:

ELEMENTARY-SECONDARY EDUCATION

PROVINCIAL-TERRITORIAL EDUCATIONAL SERVICES REPORT

Contact your DIAND regional office for FORM.

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

INSTRUCTIONS

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

SCHOOL EVALUATION REPORT

Contact your DIAND regional office for FORM.

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

INSTRUCTIONS

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

POST-SECONDARY EDUCATION

REGISTER OF POST-SECONDARY STUDENTS - see next page for FORM

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.

INSTRUCTIONS

- < 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 4) and the qualification sought (refer to page 11).
- < Show in years, the year of study in which the student is presently enrolled.
- < Show the length of the program by filling in the number of years.
- < Make a check mark 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/CODE OF PSE INSTITUTION	MAJOR AREA OF STUDY	QUALIFICATION SOUGHT	CURRENT YEAR OF STUDY	LENGTH OF PROGRAM	FULL-TIME	PART-TIME

PREPARED BY: _____

DATE: _____

POST-SECONDARY EDUCATION

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

POST-SECONDARY EDUCATION

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

POST-SECONDARY EDUCATION

REGISTER OF POST-SECONDARY GRADUATES / SUMMARY TOTAL OF POST-SECONDARY FUNDED STUDENTS

- see next page for **FORM**

DUE DATE: Due annually, on December 31 for all students who have graduated from their studies in the past year.

INSTRUCTIONS:

- < Insert the year for which the report is being filed, and the name and number of the administering First Nations band.
- < List detailed student information on all students who have graduated in the past year.

NOTE: The student's Indian Registry number and the student's full name are the only information required for students who were identified in the past year's Register of Post-Secondary Students. Detailed records are required for all other students.

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

POST-SECONDARY EDUCATION

INDIAN STUDIES SUPPORT PROGRAM (ISSP)

Contact your DIAND regional office for FORM.

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

INSTRUCTIONS

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

CULTURAL EDUCATION

ANNUAL ACTIVITY REPORT

Contact your DIAND regional office for requirements/FORM.

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

INSTRUCTIONS:

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

For an brief overview of the Cultural Education program and data collection exercise, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab E. For further information regarding this program, please contact your nearest DIAND regional office (See Tab A of this volume).

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY EVALUATION REPORTS

SCIENCE AND TECHNOLOGY CAMP PROGRAM	
Part I: Data Form	2
Part II: Description Sheet	4
SUMMER STUDENT CAREER PLACEMENT PROGRAM	
Part I: Data Form	6
Part II: Description Sheet	8
FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION PROGRAM	
Part I: Data Form	10
Part II: Description Sheet	12
WORK EXPERIENCE PROGRAM	
Part I: Data Form	14
Part II: Description Sheet	16

For an overview of the First Nations and Inuit Youth Employment Strategy program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab F.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

SCIENCE AND TECHNOLOGY CAMP PROGRAM EVALUATION REPORT - see next page for FORM

DUE DATE: Groups who receive funding under this program must submit a final evaluation report to the nearest DIAND regional office or the appropriate regional Aboriginal administering organization no later than September 30 for camps that ended during the summer and no later than June 30 for camps that operated during the school year.

INSTRUCTIONS

An evaluation report consists of **two** completed forms, the Data Form and the Description Sheet plus any relevant attachments such evaluation forms completed by participants. Project coordinators are free to submit the forms in one of two formats, either in hard copy (on paper) or in electronic format using a spreadsheet file. The paper-based forms and spreadsheet files are identical and are provided by the DIAND regional office.

PART I - DATA FORM INSTRUCTIONS

Administering Organization: Fill in the name and address of the group receiving funding.

Contact Person/Phone Number/Fax Number: Insert the name, phone number and fax number of the person most familiar with the project.

Number of Youth Participating (Block A): Enter the total number of female and male young people who participated in camps.

Education Level of Participants (Block B): Indicate the number of participants whose highest level of education, as of June, corresponds with each category.

Age of Participants (Block C): Fill in the number of participants who fall within each age category.

Financial Information (Block D): Fill in the total amount spent on the program and the contribution received from DIAND.

Duration of Camp (Block E): Enter the number of camps that lasted 1, 2, 3, 4 or more weeks.

PART I

SCIENCE AND TECHNOLOGY CAMP PROGRAM DIAND's YOUTH EMPLOYMENT STRATEGY DATA FORM 2001-2002					
Administering Organization:					
Contact Person:					
Phone Number:					
Fax Number:					
A:		Number of Youth Participating			
Female:		Male:		Total:	
B:		Education Level of Participants			
# of students in grade 1					
# of students in grade 2					
# of students in grade 3					
# of students in grade 4					
# of students in grade 5					
# of students in grade 6					
# of students in grade 7					
# of students in grade 8					
# of students in grade 9					
# of students in grade 10					
# of students in grade 11					
# of students in grade 12/13					
TOTAL NUMBER OF PARTICIPANTS					
C:		Age of Participants			
# of students ages 6-7					
# of students ages 8-9					
# of students ages 10-11					
# of students ages 12-13					
# of students ages 14-15					
# of students ages 16-17					
# of students ages 18-30					
TOTAL NUMBER OF PARTICIPANTS					
D:		Financial Information			
Total spent on the program					
DIAND Portion					
E:		Duration of Camp			
# of camps lasting 1 week					
# of camps lasting 2 weeks					
# of camps lasting 3 weeks					
# of camps lasting 4 weeks					
# of camps lasting over 4 weeks					
TOTAL NUMBER OF WEEKS OF CAMP					

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

SCIENCE AND TECHNOLOGY CAMP PROGRAM EVALUATION REPORT - see next page for FORM

PART II - DESCRIPTION SHEET INSTRUCTIONS

Administering Organization: Fill in the name and address of the group receiving funding.

Contact Person/Phone Number/Fax Number: Insert the name, phone number and fax number of the person most familiar with the project.

Description of Activities (Block A): Write one paragraph that describes the camp activities that the youth participated in.

Participating Businesses and Organizations (Block B): List any partner organizations that contributed funds, effort, or expertise to the science camp. For example, include any businesses, individuals or government agencies.

Feedback and Recommendations (Block C): Suggest any changes that DIAND could make to improve the Science and Technology Camps Program, improvements that your agency would make to your science camp if you chose to offer it again and any other comments. If your agency has written a more detailed formal report about your project, please attach it to the Description Sheet.

Evaluations of the Program from Participants (Block D): Please attach copies of any program evaluations completed by participants.

PART II

SCIENCE AND TECHNOLOGY CAMP PROGRAM
DIAND's FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

DESCRIPTION SHEET 2001-2002

Administering Organization:

Contact Person:
 Phone Number:
 Fax Number:

A: DESCRIPTION OF ACTIVITIES

B: PARTICIPATING BUSINESSES AND ORGANIZATIONS

C: FEEDBACK AND RECOMMENDATIONS
 (Please attach any copies of final reports)

D: EVALUATIONS OF THE PROGRAM FROM PARTICIPANTS
 (Please attach any evaluations of the program by participants)

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

SUMMER STUDENT CAREER PLACEMENT PROGRAM EVALUATION REPORT - see next page for FORM

DUE DATE: Groups who receive funding under this program must submit a final evaluation report to the nearest DIAND regional office or the appropriate regional Aboriginal administering organization no later than September 30.

INSTRUCTIONS

An evaluation report consists of **two** completed forms: the Data Form and the Description Sheet plus any relevant attachments such as evaluation forms completed by participants. Project coordinators are free to submit the forms in one of two formats, either in hard copy on paper or in electronic format using a spreadsheet file. The paper-based forms and spreadsheet files are identical and are provided by the DIAND regional office.

PART I - DATA FORM INSTRUCTIONS

Administering Organization: Fill in the name and address of the group receiving funding.

Contact Person/Phone Number/Fax Number: Insert the name, phone number and fax number of the person most familiar with the project.

Number of Youth Participating (Block A): Enter the total number of female and male young people who held job placements.

Education Level of Participants (Block B): Indicate the number of participants whose highest level of education, as of June, corresponds with each category.

Age of Participants (Block C): Fill in the number of participants who fall within each age category.

Financial Information (Block D): Fill in the total amount spent on the program, the contribution received from DIAND and the wage rate paid to the participants.

Duration of Jobs (Block E): Enter the number of hours of work per week associated with the jobs created. (If the number of hours per week varied depending on the position, please indicate the average number of hours of work created per week.) Indicate the number of jobs that lasted the lengths of time specified.

PART I

SUMMER STUDENT CAREER PLACEMENT PROGRAM DIAND's FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY DATA FORM 2001-2002					
Administering Organization:					
Contact Person:					
Phone Number:					
Fax Number:					
<hr/>					
A:	Number of Youth Participating				
	Female:		Male:		Total:
<hr/>					
B:	Education Level of Participants				
	# of students < grade 9				
	# of students in grade 9				
	# of students in grade 10				
	# of students in grade 11				
	# of students in grade 12/13				
	# of students with some post secondary				
	# of students with a post secondary diploma or certificate				
	# of students with a university degree				
	TOTAL NUMBER OF STUDENTS				
<hr/>					
C:	Age of Participants				
	# of students ages 15-19				
	# of students ages 20-24				
	# of students ages 25-29				
	TOTAL NUMBER OF STUDENTS				
<hr/>					
D:	Financial Information				
	Total spent on the program				
	Federal portion				
	Amount put directly into the hands of the participants				
	Wage rate paid to the participants				
<hr/>					
E:	Duration of Jobs				
	Hours of work per week for the jobs created				
	# of jobs lasting 1 week		# of jobs lasting 10 weeks		
	# of jobs lasting 2 weeks		# of jobs lasting 11 weeks		
	# of jobs lasting 3 weeks		# of jobs lasting 12 weeks		
	# of jobs lasting 4 weeks		# of jobs lasting 13 weeks		
	# of jobs lasting 5 weeks		# of jobs lasting 14 weeks		
	# of jobs lasting 6 weeks		# of jobs lasting 15 weeks		
	# of jobs lasting 7 weeks		# of jobs lasting 16 weeks		
	# of jobs lasting 8 weeks		# of jobs lasting 17 weeks		
	# of jobs lasting 9 weeks		# of jobs lasting 18 weeks		
	TOTAL NUMBER OF WEEKS OF EMPLOYMENT				

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

SUMMER STUDENT CAREER PLACEMENT PROGRAM EVALUATION REPORT - see next page for FORM

PART II - DESCRIPTION SHEET INSTRUCTIONS

Administering Organization: Fill in the name and address of the group receiving funding.

Contact Person/Phone Number/Fax Number: Insert the name, phone number and fax number of the person most familiar with the project.

Description of Activities (Block A): Write one paragraph that describes the career-related employment activities in which the youth participated.

Participating Businesses and Organizations (Block B): List partner organizations that contributed funds, effort, or expertise to the project. For example, include any businesses, individuals or government agencies.

Feedback and Recommendations (Block C): Suggest any changes that DIAND could make to improve the Summer Student Career Placement Program, improvements that your agency would make to your project if you chose to offer it again and any other comments. If your agency has written a more detailed formal report about your project, please attach it to the Description Sheet.

Evaluations of the Program from Participants (Block D): Please attach copies of any program evaluations completed by participants.

PART II

SUMMER STUDENT CAREER PLACEMENT PROGRAM DIAND's FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY DESCRIPTION SHEET 2001-2002									
	Administering Organization:								
A:	DESCRIPTION OF ACTIVITIES								
B:	PARTICIPATING BUSINESSES AND ORGANIZATIONS								
C:	FEEDBACK AND RECOMMENDATIONS (Please attach any copies of final reports)								
D:	EVALUATIONS OF THE PROGRAM FROM PARTICIPANTS (Please attach any evaluations of the program by participants)								

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION PROGRAM EVALUATION REPORT - see next page for FORM

DUE DATE: First Nations who have received funds under the First Nations Schools Co-Operative Education Program must deliver a final evaluation report to the nearest DIAND regional office or the appropriate regional Aboriginal administering organization no later than June 30.

INSTRUCTIONS

An evaluation report consists of **two** completed forms: the Data Form and the Description Sheet plus any relevant attachments such evaluation forms completed by participants. Project coordinators are free to submit the forms in one of two formats, either in hard copy on paper or in electronic format using a spreadsheet file. The paper-based forms and spreadsheet files are identical and are provided by the DIAND regional office.

PART I - DATA FORM INSTRUCTIONS

Administering Organization: Fill in the name and address of the group receiving funding.

Participating School(s): Fill in the names of all schools in which the program was offered.

Contact Person/Phone Number/Fax Number: Insert the name, phone number and fax number of the person most familiar with the project.

Number of Youth Participating (Block A): Enter the total number of female and male young people who held work placements.

Education Level of Participants (Block B): Indicate the number of participants whose highest level of education, as of June, corresponds with each category.

Age of Participants (Block C): Fill in the number of participants who fall within each age category.

Financial Information (Block D): Fill in the total amount spent on the program and the contribution received from DIAND.

Duration of Placements (Block E): Indicate the number of work placements that lasted the lengths of time specified.

PART I

FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION PROGRAM DIAND's FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY DATA FORM 2001-2002					
Administering Organization:					
Participating School(s):					
Contact Person:					
Phone Number:					
Fax Number:					
A:	Number of Youth Participating				
Female:		Male:		Total:	
B:	Education Level of Participants				
# of students in grade 7					
# of students in grade 8					
# of students in grade 9					
# of students in grade 10					
# of students in grade 11					
# of students in grade 12/13					
TOTAL NUMBER OF STUDENTS					
C:	Age of Participants				
# of students ages 12-13					
# of students ages 14-18					
# of students over 18					
TOTAL NUMBER OF STUDENTS					
D:	Financial Information				
Total spent on the program					
DIAND Portion					
E:	Duration of Placements				
# of placements lasting 1 week					
# of placements lasting 2 weeks					
# of placements lasting 3 weeks					
# of placements lasting 4 weeks					
# of placements lasting 5 weeks					
# of placements lasting 6 weeks					
# of placements lasting 7 weeks					
# of placements lasting 8 weeks					
# of placements lasting 9 weeks					
TOTAL NUMBER OF WEEKS OF EMPLOYMENT					

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION PROGRAM EVALUATION REPORT - see next page for FORM

PART II - DESCRIPTION SHEET INSTRUCTIONS

Administering Organization: Fill in the name and address of the group receiving funding.

Participating School(s): Fill in the names of all schools in which the program was offered.

Contact Person/Phone Number/Fax Number: Insert the name, phone number and fax number of the person most familiar with the project.

Description of Activities (Block A): Write one paragraph that describes the career-related employment activities in which the youth participated.

Participating Businesses and Organizations (Block B): List partner organizations that contributed funds, effort, or expertise to the project. For example, include any businesses, individuals, or government agencies.

Feedback and Recommendations (Block C): Suggest any changes that DIAND could make to improve the First Nations Schools Co-Operative Education Program, improvements that your agency would make to your project if you chose to offer it again and any other comment. If your agency has written a more detailed formal report about your project, please attach it to the Description Sheet.

Evaluations of the Program from Participants (Block D): Please attach copies of any program evaluations completed by participants.

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

WORK EXPERIENCE PROGRAM EVALUATION REPORT - see next page for FORM

DUE DATE: Groups who receive funding under this program must submit a final evaluation report to the nearest DIAND regional office or the appropriate regional Aboriginal administering organization no later than June 30.

INSTRUCTIONS

An evaluation report consists of two completed forms: the Data Form and the Description Sheet plus any relevant attachments such evaluation forms completed by participants. Project coordinators are free to submit the forms in one of two formats, either in hard copy on paper or in electronic format using a spreadsheet file. The paper-based forms and spreadsheet files are identical and are provided by the DIAND regional office.

PART I - DATA FORM INSTRUCTIONS

Administering Organization: Fill in the name and address of the group receiving funding.

Contact Person/Phone Number/Fax Number: Insert the name, phone number and fax number of the person most familiar with the project.

Number of Youth Participating (Block A): Enter the total number of female and male young people who held job placements.

Education Level of Participants (Block B): Indicate the number of participants whose highest level of education, as of June, corresponds with each category.

Age of Participants (Block C): Fill in the number of participants who fall within each age category.

Financial Information (Block D): Fill in the total amount spent on the program, the contribution received from DIAND, and the amount of funding that flowed directly to the participants (the portion of the total amount spent on the program that was allocated to the wages of participants.)

Duration of Jobs (Block E): Indicate the number of jobs that lasted the lengths of time specified.

PART I

WORK EXPERIENCE PROGRAM			
DIAND'S FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY			
DATA FORM 2001-2002			
Administering Organization:			
Contact Person:			
Phone Number:			
Fax Number:			
A:	Number of Youth Participating		
Female:		Male:	
		Total:	
B:	Education Level of Participants		
# of students < grade 9			
# of students in grade 9			
# of students in grade 10			
# of students in grade 11			
# of students in grade 12/13			
# of students with some post secondary			
# of students with a post secondary diploma or certificate			
# of students with a university degree			
TOTAL NUMBER OF STUDENTS			
C:	Age of Participants		
# of students ages 16-18			
# of students ages 19-21			
# of students ages 22-24			
TOTAL NUMBER OF STUDENTS			
D:	Financial Information		
Total spent on the program DIAND portion			
TOTAL DIRECTLY IN HANDS OF PARTICIPANTS			
	Duration of Jobs		
# of jobs lasting 6 months			
# of jobs lasting 7 months			
# of jobs lasting 8 months			
# of jobs lasting 9 months			
TOTAL NUMBER OF WEEKS OF EMPLOYMENT			

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

WORK EXPERIENCE PROGRAM EVALUATION REPORT - see next page for FORM

PART II - DESCRIPTION SHEET INSTRUCTIONS

Administering Organization: Fill in the name and address of the group receiving funding.

Contact Person/Phone Number/Fax Number: Insert the name, phone number and fax number of the person most familiar with the project.

Description of Activities (Block A): Write one paragraph that describes the project, including the employment, personal and career development activities that the youth participated in.

Participating Businesses and Organizations (Block B): List partner organizations that contributed funds, effort, or expertise to the project. For example, include any businesses, individuals or government agencies.

Feedback and Recommendations (Block C): Suggest any changes that DIAND could make to improve the Work Experience Program, improvements that your agency would make to your project if you chose to offer it again and any other comments. If your agency has written a more detailed formal report about your project, please attach it to the Description Sheet.

Evaluations of the Program from Participants (Block D): Please attach copies of any program evaluations completed by participants.

PART II

WORK EXPERIENCE PROGRAM											
DIAND'S FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY											
DESCRIPTION SHEET 2001-2002											
Administering Organization:											
Contact Person:											
Phone Number:											
Fax Number:											
A: DESCRIPTION OF ACTIVITIES											
B: PARTICIPATING BUSINESSES AND ORGANIZATIONS											
C: FEEDBACK AND RECOMMENDATIONS (Please attach any copies of final reports)											
D: EVALUATIONS OF THE PROGRAM FROM PARTICIPANTS (Please attach any evaluations of the program by participants)											

SOCIAL DEVELOPMENT

**(includes Social Assistance,
National Child Benefit (NCB)
and Social Support Services)**

Please note that the Social Development chapter is divided into three sections and separated by coloured paper

First Nations Funded on a REIMBURSEMENT Basis . . . section 1

**First Nations Funded through Fixed Volume
Alternative Funding Arrangements (AFA) section 2**

**First Nations Funded through Fixed Volume
Financial Transfer Agreements (FTA)/
Canada/First Nation Funding Agreements (CFNFA)/
DIAND/First Nation Funding Agreements (DFNFA) section 3**

For an overview of the Social Development Program and data collection exercises, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab G.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

SOCIAL DEVELOPMENT

For First Nations Funded on a REIMBURSEMENT BASIS:

SOCIAL ASSISTANCE MONTHLY REPORT	3
NATIONAL CHILD BENEFIT (NCB)	
First Nations Annual Report on Reinvestment	4
SOCIAL SUPPORT SERVICES	
Child and Family Services Maintenance Monthly Report	6
Child and Family Services Operational Report (annual or bi-annual)	8
Adult Services Monthly Report	10
National Strategy for Integration of Persons with Disabilities Annual Report	12
Family Violence Projects Annual Report	14
Family Violence Shelters Annual Report	15
Community Social Services Projects Annual Report	18
Day Care Facilities/Head Start Program Annual Report	19

For an overview of the Social Development program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab G.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

SOCIAL DEVELOPMENT REIMBURSABLE

SOCIAL ASSISTANCE MONTHLY REPORT(S)

Contact your DIAND regional office for FORM/reporting requirements.

DUE DATE: Due monthly, the date will vary from region to region. Please contact your regional office for more details.

INSTRUCTIONS

First Nations councils that have 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 receiving 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 person months of employment created (e.g., 2 people x 10 month project = 20 person months of employment created), 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).

SOCIAL DEVELOPMENT REIMBURSABLE

NATIONAL CHILD BENEFIT (NCB) FIRST NATIONS ANNUAL REPORT ON REINVESTMENT

See next page for FORM.

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.

INSTRUCTIONS

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.

SOCIAL DEVELOPMENT REIMBURSABLE

SOCIAL SUPPORT SERVICES CHILD AND FAMILY SERVICES MAINTENANCE MONTHLY REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **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 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 - Foster home
 - 3101 - Group home
 - 3102 - Institutional care
- < **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 funds" column.
- < **NUMBER OF CARE DAYS:** Show the total number of days or hours this month that 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 funds 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.

SOCIAL DEVELOPMENT REIMBURSABLE

SOCIAL SUPPORT SERVICES CHILD AND FAMILY SERVICES OPERATIONAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **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 of 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 homes 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
a. List of services provided (specify)			a. List of services provided (specify)		
i. _____			i. _____		
ii. _____			ii. _____		
iii. _____			iii. _____		
iv. _____			iv. _____		
Complete the following only where applicable					
b. Number of local Child and Family Service Committees			b. Number of Foster Care Homes		
c. Number of Elders Committee(s)/ Consultations/Meetings			c. Number of Adoption Homes		
d. Number of Public Information/ Education Workshops					

NAME _____

TITLE _____

SIGNATURE _____

DATE _____

SOCIAL DEVELOPMENT REIMBURSABLE

SOCIAL SUPPORT SERVICES ADULT SERVICES MONTHLY REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **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 - In-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 funds" column.
- < **NUMBER OF DAYS:** Show the total number of days this 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 funds 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 MONTHLY 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	IN-HOME CARE SERVICES		
	Homemakers Services Other In-home Care Services		
3116	INSTITUTIONAL CARE		
	Type I On-Reserve		
	Type I Off-Reserve		
	Type II On-Reserve		
3118	FOSTER CARE		
	On-Reserve Off-Reserve		

NAME	TITLE
SIGNATURE	DATE

SOCIAL DEVELOPMENT REIMBURSABLE

SOCIAL SUPPORT SERVICES NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR:** 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.

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

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

FOR THE FISCAL 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
SIGNATURE	DATE

SOCIAL DEVELOPMENT REIMBURSABLE

SOCIAL SUPPORT SERVICES FAMILY VIOLENCE PROJECTS ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/BAND NAME AND 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.

**FAMILY VIOLENCE PROJECTS
ANNUAL REPORT**

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

FOR THE FISCAL YEAR _____

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

NAME OF PROJECT - NEW - CONTINUING

PURPOSE OF PROJECT

ACTIVITIES

SCHEDULE

RESOURCES

RESULTS OR ACCOMPLISHMENTS OF PROJECT

NAME	TITLE
SIGNATURE	DATE

SOCIAL DEVELOPMENT REIMBURSABLE

SOCIAL SUPPORT SERVICES FAMILY VIOLENCE SHELTERS ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/NAME AND 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

FOR THE FISCAL YEAR

FIRST NATION NAME	FIRST NATION NUMBER
NAME OF SHELTER	

PROJECT HAVEN SHELTER **9** OR OTHER EMERGENCY SHELTER **9**

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 REIMBURSABLE

SOCIAL SUPPORT SERVICES COMMUNITY SOCIAL SERVICES PROJECTS ANNUAL REPORT

Contact your DIAND regional office for FORM/reporting requirements.

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

INSTRUCTIONS

- < 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 regional specific. Contact the DIAND regional office.

SOCIAL DEVELOPMENT REIMBURSABLE

SOCIAL SUPPORT SERVICES DAY CARE FACILITIES/HEAD START PROGRAM ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/BAND NAME AND 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.
- < **ADDRESS/NUMBER OF FACILITIES:** 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 a day care/Head Start program during the year. Also provide the mailing address of each day care facility/Head Start Program.
- < Sign and date the completed form.

SOCIAL DEVELOPMENT

For First Nations Funded Through Fixed Volume Alternative Funding Arrangements (AFA):

SOCIAL ASSISTANCE ANNUAL REPORT	22
NATIONAL CHILD BENEFIT (NCB)	
First Nations Annual Report on Reinvestment	24
SOCIAL SUPPORT SERVICES	
Adult Services Annual Report	26
National Strategy for Integration of Persons with Disabilities Annual Report	28
Family Violence Projects Annual Report	30
Family Violence Shelters Annual Report	32
Community Social Services Projects Annual Report	34
Day Care Facilities/Head Start Program Annual Report	35

For an overview of the Social Development program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab G.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

SOCIAL DEVELOPMENT FIXED VOLUME ALTERNATIVE FUNDING ARRANGEMENTS (AFA)

SOCIAL ASSISTANCE ANNUAL REPORT

See next page for FORM.

DUE DATE: Due annually on May 31 for the previous fiscal year ending March 31.

INSTRUCTIONS

- < **BASIC NEEDS/REASONS FOR REQUIRING ASSISTANCE:** Fill in the annual monthly average of the number of eligible families, the number of persons in families and the number of singles receiving social assistance by the following reasons:
 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 (e.g., 2 people x 10 month project = 20 person months of employment created) 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 total annual 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 Assistance Through Fixed Volume AFA

FOR THE FISCAL YEAR _____

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

SOCIAL ASSISTANCE (SA) - BASIC NEEDS

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

REASONS FOR RECEIVING SA	ON -RESERVE			OFF- RESERVE (ONTARIO 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 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 FIXED VOLUME ALTERNATIVE FUNDING ARRANGEMENTS (AFA)

NATIONAL CHILD BENEFIT (NCB) FIRST NATIONS ANNUAL REPORT ON REINVESTMENT

See next page for FORM.

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

INSTRUCTIONS

Complete one report for each reinvestment program developed.

- < **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 FIXED VOLUME ALTERNATIVE FUNDING ARRANGEMENTS (AFA)

SOCIAL SUPPORT SERVICES ADULT SERVICES ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **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 - In-home care services
 - 3116 - Institutional care
 - 3118 - Foster care
- < **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 funds" column.
- < **NUMBER OF DAYS:** Show the total number of days this 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 funds 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	N-HOME CARE SERVICES		
	Homemakers Services Other In-home Care Services		
3116	INSTITUTIONAL CARE		
	Type I On-Reserve		
	Type I Off-Reserve		
	Type II On-Reserve		
	Type II Off-Reserve		
3118	FOSTER CARE		
	On-Reserve Off-Reserve		

NAME	TITLE
SIGNATURE	DATE

SOCIAL DEVELOPMENT FIXED VOLUME ALTERNATIVE FUNDING ARRANGEMENTS (AFA)

SOCIAL SUPPORT SERVICES NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/BAND NAME AND 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.

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

First Nations Funded Social Support Services through Fixed Volume AFA

FOR THE FISCAL 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
SIGNATURE	DATE

SOCIAL DEVELOPMENT FIXED VOLUME ALTERNATIVE FUNDING ARRANGEMENTS (AFA)

SOCIAL SUPPORT SERVICES FAMILY VIOLENCE PROJECTS ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/BAND NAME AND 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.

FAMILY VIOLENCE PROJECTS ANNUAL REPORT

First Nations Funded Social Support Services through Fixed Volume AFA

FOR THE FISCAL YEAR

FIRST NATION NAME

FIRST NATION NUMBER

NAME OF PROJECT - NEW - CONTINUING

PURPOSE OF PROJECT

ACTIVITIES

SCHEDULE

RESOURCES

RESULTS OR ACCOMPLISHMENTS OF PROJECT

NAME

TITLE

SIGNATURE

DATE

SOCIAL DEVELOPMENT FIXED VOLUME ALTERNATIVE FUNDING ARRANGEMENTS (AFA)

SOCIAL SUPPORT SERVICES FAMILY VIOLENCE SHELTERS ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/NAME AND 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 Services Through Fixed volume AFA

FOR THE FISCAL YEAR

FIRST NATION NAME	FIRST NATION NUMBER
NAME OF SHELTER	

PROJECT HAVEN SHELTER **9** OR OTHER EMERGENCY SHELTER **9**

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 FIXED VOLUME ALTERNATIVE FUNDING ARRANGEMENTS (AFA)

COMMUNITY SOCIAL SERVICES PROJECTS ANNUAL REPORT

Contact your DIAND regional office for FORM/reporting requirements.

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

INSTRUCTIONS

- < 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 regional specific. Contact the DIAND regional office.

SOCIAL DEVELOPMENT FIXED VOLUME ALTERNATIVE FUNDING ARRANGEMENTS (AFA)

DAY CARE FACILITIES / HEAD START PROGRAM ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/BAND NAME AND 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.
- < **ADDRESS/NUMBER OF FACILITIES:** 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 a day care/Head Start program during the year. Provide the mailing address of each day care facility/Head Start program.
- < Sign and date the completed form.

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

First Nations Funded Social Support Services Through Fixed Volume AFA

FISCAL YEAR

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

DAY CARE FACILITIES/HEAD START PROGRAMS NAMES AND COMPLETE ADDRESSES:

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

For First Nations Funded Through Fixed Volume

Financial Transfer Agreements (FTA) or Canada/First Nations Funding Agreements (CFNFA) or DIAND/First Nations Funding Agreements (DFNFA):

SOCIAL ASSISTANCE ANNUAL REPORT	38
NATIONAL CHILD BENEFIT (NCB)	
First Nations Annual Report on Reinvestment	40
SOCIAL SUPPORT SERVICES	
Child and Family Services Maintenance Monthly Report	42
Child and Family Services Operational Report (annually or twice yearly)	44
Adult Services Annual Report	46
National Strategy for Integration of Persons with Disabilities Annual Report	48
Family Violence Projects Annual Report	50
Family Violence Shelters Annual Report	52
Community Social Services Projects Annual Report	54
Day Care Facilities/Head Start Program Annual Report	55

For an overview of the Social Development program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab G.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

SOCIAL DEVELOPMENT FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL ASSISTANCE ANNUAL REPORT

See next page for FORM.

DUE DATE: Due annually on May 31 for the previous fiscal year ending March 31.

INSTRUCTIONS

- < **BASIC NEEDS/REASONS FOR REQUIRING ASSISTANCE:** Fill in the annual monthly average of the number of eligible families, the number of persons in families and the number of singles receiving social assistance by the following reasons:
 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; (e.g., 2 people x 10 month project = 20 person months of employment created) 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 Assistance Through Fixed Volume FTA/CFNFA/DFNFA

FOR THE FISCAL YEAR

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

SOCIAL ASSISTANCE (SA) - BASIC NEEDS

Annual Monthly Average Social Assistance Recipients by Reason for Requiring Assistance

REASONS FOR RECEIVING SA	ON RESERVE			OFF RESERVE (ONTARIO 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 FIXED VOLUME FTA/CFNFA/DFNFA

NATIONAL CHILD BENEFIT (NCB) FIRST NATIONS ANNUAL REPORT ON REINVESTMENT

See next page for FORM.

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

INSTRUCTIONS

Complete one report for each reinvestment program developed.

- < **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 FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES CHILD AND FAMILY SERVICES MAINTENANCE MONTHLY REPORT

See next page for FORM.

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

INSTRUCTIONS: REPORTING IS APPLICABLE ONLY IN CASES WHEN BLOCK FUNDING FOR FTA/CFNFA/DFNFA PILOT PROJECTS HAVE BEEN APPROVED.

- < **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 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 - Foster care
 - 3101 - Group home
 - 3102 - Institutional care
- < **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 funds" column.
- < **NUMBER OF CARE DAYS:** Show the total number of days or hours this 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 funds 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 WHEN BLOCK FUNDING FOR FTA/CFNFA/DFNFA PILOT PROJECTS HAVE BEEN APPROVED)

**CHILD AND FAMILY SERVICES
MAINTENANCE REPORT - MONTHLY**

First Nations Funded Social Support Services Through Fixed Volume FTA/CFNFA/DFNFA

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

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 FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES CHILD AND FAMILY SERVICES OPERATIONAL REPORT

See next page for FORM.

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

INSTRUCTIONS: *REPORTING IS APPLICABLE ONLY IN CASES WHERE BLOCK FUNDING FOR FTA/CFNFA/DFNFA PILOT PROJECTS HAVE BEEN APPROVED.*

- < **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 homes 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/CFNFA/DFNFA PILOT PROJECTS HAVE BEEN APPROVED)*

**CHILD AND FAMILY SERVICES
OPERATIONAL REPORT**

First Nations Funded Social Support Services through Fixed Volume FTA/CFNFA/DFNFA

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
a. List of services provided (specify)			a. List of services provided (specify)		
i. _____			i. _____		
ii. _____			ii. _____		
iii. _____			iii. _____		
iv. _____			iv. _____		
Complete the following only where applicable					
b. Number of local Child and Family Service Committees		_____	b. Number of Foster Care Homes		_____
c. Number of Elders Committee(s)/ Consultations/Meetings		_____	c. Number of Adoption Homes		_____
d. Number of Public Information/ Education Workshops		_____			

NAME _____

TITLE _____

SIGNATURE _____

DATE _____

SOCIAL DEVELOPMENT FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES ADULT SERVICES ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **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 ANNUAL REPORT

First Nations Funded Social Support Services Through Fixed Volume FTA/CFNFA/DFNFA

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	IN-HOME CARE SERVICES		
	Homemakers Services		
	Other In-home Care Services		
3116	INSTITUTIONAL CARE		
	Type I On-Reserve		
	Type I Off-Reserve		
	Type II On-Reserve		
	Type II Off-Reserve		
3118	FOSTER CARE		
	On-Reserve		
	Off-Reserve		

NAME _____

TITLE _____

SIGNATURE _____

DATE _____

SOCIAL DEVELOPMENT FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/BAND NAME AND 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.

**NATIONAL STRATEGY FOR INTEGRATION OF
PERSONS WITH DISABILITIES
ANNUAL REPORT**
**First Nations Funded Social Support Services through
Fixed Volume FTA/CFNFA/DFNFA**

FOR THE FISCAL 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

SIGNATURE

DATE

SOCIAL DEVELOPMENT FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES FAMILY VIOLENCE PROJECTS ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/BAND NAME AND 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.

**FAMILY VIOLENCE PROJECTS
ANNUAL REPORT**
**First Nations Funded Social Support Services through
Fixed Volume FTA/CFNFA/DFNFA**

FOR THE FISCAL YEAR _____

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

NAME OF PROJECT - NEW - CONTINUING

PURPOSE OF PROJECT

ACTIVITIES

SCHEDULE

RESOURCES

RESULTS OR ACCOMPLISHMENTS OF PROJECT

NAME	TITLE
SIGNATURE	DATE

SOCIAL DEVELOPMENT FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES FAMILY VIOLENCE SHELTERS ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR:** 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 Services Through Fixed Volume FTA/CFNFA/DFNFA

FOR THE FISCAL YEAR _____

FIRST NATION NAME	FIRST NATION NUMBER
NAME OF SHELTER	

PROJECT HAVEN SHELTER **9** OR OTHER EMERGENCY SHELTER **9**

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 FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES COMMUNITY SOCIAL SERVICES PROJECTS ANNUAL REPORT

See next page for FORM.

Contact your DIAND regional office for FORM/reporting requirements.

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

INSTRUCTIONS

- < 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 regional specific. Contact the DIAND regional office.

SOCIAL DEVELOPMENT FIXED VOLUME FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES DAY CARE FACILITIES /HEAD START PROGRAM ANNUAL REPORT

See next page for FORM.

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

INSTRUCTIONS

- < **YEAR/BAND NAME AND 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.
- < **ADDRESS/NUMBER OF CENTRE(S):** 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 a day care/Head Start program during the year. Provide the mailing address of each day care facility/Head Start program.
- < Sign and date the completed form.

**DAY CARE FACILITIES/ HEAD START PROGRAM
ANNUAL REPORT
First Nations Funded Social Support Services Through
Fixed Volume FTA/CFNFA/DFNFA**

FOR THE FISCAL YEAR _____

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

DAY CARE FACILITIES/HEAD START PROGRAMS NAMES AND COMPLETE ADDRESSES:

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

INDIAN GOVERNMENT SUPPORT

BAND SUPPORT FUNDING (BSF) AND TRIBAL COUNCIL FUNDING (TCF)*

Application for Grant: Band Support Funding and Tribal Council Funding *	2
Tribal Council/Unaffiliated Large Band Advisory Services	
Eligible Unaffiliated Large Band Advisory Services Annual Report *	2
Program Activities Annual Report *	2

BAND EMPLOYEE BENEFITS PROGRAM

Application for Band Employee Benefits Funding (CFA only)	3
List of Eligible Employees (CFA only)	5
Pension Plan Funding Annual Report	7

INDIAN/INUIT MANAGEMENT DEVELOPMENT [IIMD]

PROGRAM PROPOSAL	9
-------------------------	---

For an overview of the Indian Government Support program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab H.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

***Only where applicable, see page 2.**

INDIAN GOVERNMENT SUPPORT

APPLICATION FOR GRANT: BAND SUPPORT FUNDING AND TRIBAL COUNCIL FUNDING

Contact your DIAND regional office for FORM/reporting requirements.

DUE DATE: Due annually. Contact your regional office (Tab A of this volume).

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 for more information.

TRIBAL COUNCIL / UNAFFILIATED LARGE BAND ADVISORY SERVICES

Contact your DIAND regional office for FORM/reporting requirements.

ELIGIBLE UNAFFILIATED LARGE BAND 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

Contact your DIAND regional office for FORM/reporting requirements.

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**}

INDIAN GOVERNMENT SUPPORT

BAND EMPLOYEE BENEFITS PROGRAM APPLICATION FOR BAND EMPLOYEE BENEFITS FUNDING

See next page for FORM.

The following form applies to CFA First Nations only.

DUE DATE: May 31, for the previous fiscal year ending March 31.

INSTRUCTIONS

- < **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 office*).
- < **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 8).

**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 year's funding Règle de financement de l'année précédente	\$
Current year contribution Cotisation de l'année courante	\$

APPROVAL - APPROBATION	
Title - Titre	
Name - Nom	
Signature	Date

Comments - Remarques

INDIAN GOVERNMENT SUPPORT

BAND EMPLOYEE BENEFITS PROGRAM LIST OF ELIGIBLE EMPLOYEES

See next page for FORM.

The following form applies to CFA First Nations Only

DUE DATE: May 31, for the previous fiscal year ending March 31.

INSTRUCTIONS

- < **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 eligible 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 eligible employee. This might be DIAND, Health Canada or some other funding source.
- < **SALARIES:** List the salary for each eligible employee.
- < **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 6).

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
-------------------------------------	------	-------------

INDIAN GOVERNMENT SUPPORT

BAND EMPLOYEE BENEFITS PROGRAM PENSION PLAN FUNDING ANNUAL REPORT

See next page for FORM.

DUE DATE: May 31, for the previous fiscal year ending March 31.

INSTRUCTIONS

- < **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 employees 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 C/QPP and Private Pension Plan contributions paid by eligible employees.
- < **TOTAL EMPLOYER CONTRIBUTIONS:** Give the total amount of C/QPP and Private Pension Plan contributions paid by the eligible employer.
- < **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 under the pension plan.
- < **ANNUAL INFORMATION RETURN AND PRESCRIBED FEES:** Indicate by either Yes or No whether an annual information return and the prescribed fees have been submitted to the Office of Superintendent of Financial Institutions (OSFI).
- < **DATE OF SUBMISSION:** Indicate the date the submission was sent to OSFI.
- < **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 \$ _____

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 _____

ANNUAL INFORMATION RETURN AND PRESCRIBED FEES SUBMITTED TO THE OFFICE OF SUPERINTENDENT OF FINANCIAL INSTITUTIONS (OSFI) 9YES 9NO

DATE OF SUBMISSION TO OSFI ____/____/____

INFORMATION PROVIDED HERE CONFIRMED AS CORRECT BY:

SIGNATURE	DATE
NAME	POSITION

INDIAN GOVERNMENT SUPPORT

INDIAN/INUIT MANAGEMENT DEVELOPMENT (IIMD) PROGRAM FOR IIMD PROGRAM FUNDING PROPOSALS RELATED TO:

**Management Consulting
Advisory Support Services
Development of Management Systems**

Contact your DIAND regional office for FORM/reporting requirements.

INSTRUCTIONS

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; and
- < other sources of income.

CAPITAL

Please note that this chapter is divided into two sections and separated by coloured paper

**OPERATION AND MAINTENANCE OF INFRASTRUCTURE -
ASSETS AND FACILITIES section 1**

**COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY
(INCLUDING HOUSING) section 2**

For an overview of the Capital program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab I.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

OPERATION AND MAINTENANCE OF INFRASTRUCTURE - Assets and Facilities

FIRE

Fire Protection Services Summary Report	3
Fire Losses Annual Report	5

HOUSING AND INFRASTRUCTURE ASSETS	7
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SCHOOLS

Annual Report	8
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CAPITAL ASSETS

Changes in Capital Assets	10
Completed ACRS Project Annual Report	12
Asset Operation and Maintenance (O&M) Review Annual Report	14
Maintenance Management Plan Annual Report.	16

For an overview of the Operation and Maintenance of Infrastructure - Assets and Facilities program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab I.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

OPERATION and MAINTENANCE of INFRASTRUCTURE Assets and Facilities

FIRE FIRE PROTECTION SERVICES SUMMARY REPORT

See next page for FORM.

DUE DATE: Annually on March 31, to cover the previous calendar year from January 1 to December 31.

INSTRUCTIONS

- < 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, 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 by the fire chief.

FIRE PROTECTION SERVICES SUMMARY REPORT

FOR THE YEAR _____

First Nation Name

Reserve Name and Number

Population	Number of Housing Units	Fire Hydrants	
		G Yes	G No

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? | G Yes | G No |
| 2. Were fire inspection activities carried out last year? | G Yes | G No |
| 3. Were fire suppression activities carried out last year? | G Yes | G No |
| 4. Were fire prevention activities carried out last year? | G Yes | G No |
| 5. Were any fire engineering activities carried out last year? | G Yes | G No |

Prepared by:	Signature:	Date:
Fire Chief:	Signature:	Date:

OPERATION and MAINTENANCE of INFRASTRUCTURE Assets and Facilities

FIRE FIRE LOSSES ANNUAL REPORT

See next page for FORM.

DUE DATE: Annually on March 31, to cover the previous calendar year from January 1 to December 31.

INSTRUCTIONS

- < 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 _____

FIRST NATIONS NAME:			RESERVE NAME and NUMBER:				
Date	Address	No. Injured	No. Deaths: Adult	No. Deaths: Children	No. of Buildings Damaged	No. of Buildings Destroyed	Losses in \$
TOTAL							

Prepared by:	Date:
---------------------	--------------

OPERATION and MAINTENANCE of INFRASTRUCTURE Assets and Facilities

HOUSING AND INFRASTRUCTURE ASSETS

Contact your DIAND regional office for FORM/reporting requirements.

DUE DATE: Annually on March 31 for the previous fiscal year ending March 31.

INSTRUCTIONS

Information is required from First Nations about changes in housing, housing infrastructure and community services. This information is required to demonstrate a measure of progress and accountability to Parliament as well as for planning purposes to determine outstanding requirements. **Housing and Infrastructure Assets (H&IA) reports may be submitted through Electronic Data Interchange (Diskette exchange or DIAND Electronic Service Delivery website) or by paper. Further details can be provided by the DIAND regional office. Data requirements for H&IA include:**

Community Services

< The type of Electrical services, Road Access availability, Solid Waste Disposal services and Fire Protection services provided to the community.

Housing Units

- < The number of new houses built (completed).
- < The number of houses deleted.
- < Adjustment: (Used to add or subtract the number of housing units so that **Total Units** matches the **Actual Total** number of housing units on the reserve.)
- < The total number of houses on the reserve.
- < The number of "special purpose" houses.
- < The total number of houses that have had renovations completed.

Housing Conditions

- < The number of houses that require replacement.
- < The number of houses that require major renovations.
- < The number of houses that require minor renovations.
- < The number of houses that met minimum *National Building Code* standards and required no renovations.
- < The number houses that lack basic indoor plumbing facilities.

Water Servicing

- < The types of water delivery systems used by the housing units on the reserve.

Water Quality/Quantity

- < The hygiene and health quality of the domestic water supply, according to the *Guidelines for Canadian Drinking Water Quality* and the volume requirements of the INAC Levels of Service Standard (LOSS).

Sewage Servicing

- < The type of sewage disposal systems used by the housing units on the reserve.

Sewage Effluent

- < The health and hygiene standards of the sewage disposal system of housing units categorized according to whether or not it meets provincial/territorial standards, the *Guidelines for Effluent Quality and Wastewater Treatment at Federal Establishments* (latest edition) and if it poses an environmental threat.

NOTE: For data element definitions, please refer to Volume II: Reference, Tab I, page 7.

OPERATION and MAINTENANCE of INFRASTRUCTURE Assets and Facilities

SCHOOLS ANNUAL REPORT

See next page for FORM.

DUE DATE: Annually on March 31 for previous fiscal year ending March 31.

INSTRUCTIONS

- < 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 total number of classrooms used by each of the following categories
 - kindergarten

 - elementary grades

 - secondary grades

- < Fill out 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 room

 - computer science rooms

- < Sign and date the form.

SCHOOLS ANNUAL REPORT

FIRST NATION NAME

RESERVE NAME and NUMBER

SCHOOL NAME

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 _____

Computer Science Rooms _____

Prepared by:

Date:

OPERATION and MAINTENANCE of INFRASTRUCTURE

Assets and Facilities

CAPITAL ASSETS

CHANGES IN CAPITAL ASSETS

See next page for FORM.

DUE DATE: Annually on March 31 for previous fiscal year ending March 31.

INSTRUCTIONS

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. 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.
- < Details on what type of addition, deletion or modification has taken place.
- < 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.

FIRST NATION NAME			
ASSET NAME	ASSET NUMBER & EXTENSION	CLASS	SUB-CLASS
RESERVE NAME	QUANTITY	CAPITAL COST	YEAR
DESCRIPTION OR USE OF ASSET			

CATEGORY *(Check one)*

- G **A. Buildings** Excludes housing.
- G **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.
- G **C. Grounds** Includes grass, trees, sidewalks and parking compounds.
- G **D. Transport** Includes any form of transportation infrastructure including roads, bridges, ditches and ferries.
- G **E. Vehicles** Includes fire, garbage, water and sewage trucks.

HAS THIS ASSET BEEN....

G **ADDED** *Provide Details*

G **DELETED** *Provide Details*

G **MODIFIED** *Provide Details*

Prepared by:

Date:

OPERATION and MAINTENANCE of INFRASTRUCTURE Assets and Facilities

CAPITAL ASSETS COMPLETED ACRS PROJECT ANNUAL REPORT

See next page for FORM.

DUE DATE: Annually for previous fiscal year ending March 31. For deadlines, contact the regional DIAND office.

INSTRUCTIONS

- < 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.

OPERATION and MAINTENANCE of INFRASTRUCTURE Assets and Facilities

CAPITAL ASSETS

ASSET OPERATION AND MAINTENANCE (O&M) REVIEW ANNUAL REPORT

See next page for FORM.

DUE DATE: Annually for previous fiscal year ending March 31. 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 the AFA agreement.*

INSTRUCTIONS

- < 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 the rating of O&M effort as rated by the ACRS inspector or as rated annually by First Nations' maintenance personnel for asset groups that did not receive ACRS inspections. 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

FIRST NATION NAME	DATE
RESERVE NAME and NUMBER	
PREPARED BY	PAGE OF

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			
Roads			
OVERALL O&M			

OPERATION and MAINTENANCE of INFRASTRUCTURE Assets and Facilities

CAPITAL ASSETS MAINTENANCE MANAGEMENT PLAN ANNUAL REPORT

See next page for FORM.

DUE DATE: Annually for previous fiscal year ending March 31. For deadlines, contact the regional DIAND office.

INSTRUCTIONS

- < 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.
- < 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

RESERVE NAME and NUMBER

- | | | |
|---|-------|------|
| 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 Council:

Date:

COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY (Including Housing)

COMMUNITY-BASED HOUSING PLAN ANNUAL REPORT	19
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CAPITAL PROJECTS

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Certificate of Completion for Capital Projects	22
Five Year Capital Plan <i>Annual Update</i>	24

For an overview of the Community Capital Facilities Service Delivery (Including Housing) program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab I.

Additional information can be obtained at your local DIAND regional office
(See Tab A of this volume).

COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY (Including Housing)

COMMUNITY-BASED HOUSING PLAN ANNUAL REPORT

Contact your DIAND regional office for FORM/reporting requirements.

DUE DATE: Due annually on March 31.

INSTRUCTIONS

For First Nations being funded under the new on-reserve Housing Policy or the Housing Demonstration Initiative, an updated community-based housing plan must be submitted on a yearly basis.

The information required includes information on changes in local housing policies and programs; community housing conditions, maintenance and insurance programs, actual and proposed new construction and renovation activities; measures to link housing with community infrastructure (particularly servicing 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 that 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.

COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY (Including Housing)

CAPITAL PROJECTS PROGRESS REPORT ON CAPITAL PROJECTS

See next page for FORM.

DUE DATE: For capital projects funded through a funding arrangement that 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.

INSTRUCTIONS

- < Fill out the name of the First Nation, the reserve and project title. The project number and arrangement number can be obtained from the DIAND regional office.
- < 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.

COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY (Including Housing)

CAPITAL PROJECTS CERTIFICATE OF COMPLETION FOR CAPITAL PROJECTS

See next page for FORM.

DUE DATE: The certificate must be completed within 90 days after any capital project is completed and submitted to the DIAND regional office.

INSTRUCTIONS

- < 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 inspect the for building 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 Nation, a copy of which must be attached to the Certificate of Completion.**

CERTIFICATE OF COMPLETION FOR CAPITAL PROJECTS

FIRST NATION NAME	
RESERVE NAME and NUMBER	
PROJECT NUMBER	FUNDING ARRANGEMENT NUMBER
PROJECT TITLE	

- G 1. All details of the project 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 and Labour Conditions)
 Survey and Soil Testing Reports, Concrete Testing Reports, etc.

Signature of Project Manager or Person Authorized by the Band Council:	Date:
Received by DIAND:	Date:

COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY (Including Housing)

CAPITAL PROJECTS FIVE YEAR CAPITAL PLAN *ANNUAL UPDATE*

See next page for FORM.

DUE DATE: An updated capital plan must be prepared once each year before capital funds are released to First Nations. Due March 31.

INSTRUCTIONS

- < 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 sources. 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.

ECONOMIC DEVELOPMENT

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. First Nations, Inuit and Innu peoples **do not need to submit** them with the Economic Development Report.

COMMUNITY ECONOMIC DEVELOPMENT PROGRAM (CEDP)

2001-2002 Economic Development Report	2
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OPPORTUNITY FUND / RESOURCE ACQUISITION INITIATIVE PROGRAM / MAJOR BUSINESS PROJECTS PROGRAM

Project Status Report	16
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For an overview of the Economic Development program and data collection exercise, as well as for definitions of data elements, please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab J.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

ECONOMIC DEVELOPMENT

COMMUNITY ECONOMIC DEVELOPMENT PROGRAM (CEDP) 2001-2002 ECONOMIC DEVELOPMENT REPORT

See next two pages for FORM.

DUE DATE : Due June 30 for the previous fiscal year ending March 31.

INSTRUCTIONS

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 5, for 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 this section of the report. These funds must be reported in Section C, lines 309, 313, 317, 320 and 323.**

Refer to Section B, page 5, for 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 7, for 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. Refer to page 9.

Certification: The person completing the report should print his/her full name, position, sign and date the form.

2001-2002 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 / DFNFA

B: FINANCIAL SUMMARY

<u>REVENUES</u>		<u>EXPENDITURES/INVESTMENTS</u>	
201	DIAND, CEDP (CEDO/ROP) \$ _____	211	Administration/Operations: \$ _____
202	DIAND, OPP Fund/RAI \$ _____		Project Funding:
203	DIAND, Other (incl. RAN) \$ _____	212	Training/Employment \$ _____
204	HRDC, Pathways \$ _____	213	Business Support \$ _____
205	IC, ABC \$ _____	214	Resource Mgt. Support \$ _____
206	Other Federal: \$ _____		Other:
207	Prov/Terr/Muni: \$ _____	215	Economic Development related: \$ _____
208	Band Funds: \$ _____		<i>Other (specify):</i>
209	Other: \$ _____	216	_____ \$ _____
210	TOTAL Revenues: \$ 	217	TOTAL Expenditures: \$

C: STATISTICAL INFORMATION

300
2001-2002
Actual

TRAINING and EMPLOYMENT RESULTS:

Total # of people placed in training programs

302	# employed at time of training:	<input style="width: 95%;" type="text"/>
303	# unemployed (and not receiving of social assistance) at time of training:	<input style="width: 95%;" type="text"/>
304	# receiving social assistance at time of training:	<input style="width: 95%;" type="text"/>
305	# of people continuing in employment after training:	<input style="width: 95%;" type="text"/>
306	# of unemployed people placed in employment after training:	<input style="width: 95%;" type="text"/>
307	# of social assistance recipients placed in employment after training:	<input style="width: 95%;" type="text"/>
308	Total number of training days:	<input style="width: 95%;" type="text"/>
309	Indirect training funds (\$s) levered by the recipient:	<input style="width: 95%;" type="text"/>

BUSINESS SUPPORT RESULTS:

Total # of businesses assisted during the year (expansions)

310	# of existing businesses that received technical support:	<input style="width: 95%;" type="text"/>
311	# of existing businesses expanded:	<input style="width: 95%;" type="text"/>
312	# of jobs created by business expansions:	<input style="width: 95%;" type="text"/>
313	Indirect funds (\$s) levered by the recipient to support business expansions:	<input style="width: 95%;" type="text"/>

Total # of businesses assisted during the year (new starts)

314	# of new businesses that received technical support:	<input style="width: 95%;" type="text"/>
315	# of new businesses started:	<input style="width: 95%;" type="text"/>
316	# of jobs created by new businesses:	<input style="width: 95%;" type="text"/>
317	Indirect funds (\$s) levered by the recipient to support new businesses:	<input style="width: 95%;" type="text"/>

RESOURCE MANAGEMENT SUPPORT RESULTS:

318	# of resource projects that received technical support:	<input style="width: 95%;" type="text"/>
319	# of new jobs created by these resource-related projects:	<input style="width: 95%;" type="text"/>
320	Indirect funds (\$s) levered by the recipient to support resource activities:	<input style="width: 95%;" type="text"/>

OTHER ECONOMIC DEVELOPMENT RELATED ACTIVITIES:

321	# of other related activities that received technical support:	<input style="width: 95%;" type="text"/>
322	# of new jobs created by these other related activities:	<input style="width: 95%;" type="text"/>
323	Indirect funds (\$s) levered by the recipient to support other related activities:	<input style="width: 95%;" type="text"/>

Major initiatives and results: (add other pages if necessary)

TRAINING and EMPLOYMENT

(also specify initiatives targeted at Social Assistance recipients)

<u>OBJECTIVES</u>	<u>RESULTS</u>

BUSINESS SUPPORT

<u>OBJECTIVES</u>	<u>RESULTS</u>

RESOURCE MANAGEMENT

<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.)

<u>OBJECTIVES</u>	<u>RESULTS</u>

CERTIFICATION:

Information provided here confirmed as correct by:

Signature

Date

Name

Position

ECONOMIC DEVELOPMENT

Notes on completing the 2001-2002 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 ROP (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 ROP initiative. This person should usually 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, **circle the type that applies:**
CFA, comprehensive funding arrangement
AFA, alternative funding arrangement
FTA, financial transfer agreement
CFNFA, Canada/First Nations Funding Agreement
DFNFA, DIAND/First Nations Funding Agreement

SECTION B. Financial Summary

Please ensure that all financial information provided below is in accord with the recipient's 2001-2002 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: administration/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 2001-2002 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 2001-2002 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.

ECONOMIC DEVELOPMENT

- Line 202 **DIAND, OPP Fund/RAI:** This should include any Opportunity Fund and/or Resource Acquisition Initiative project funding provided by DIAND in 2001-2002.
- Line 203 **DIAND, Other** (including RAN): Identify all other funding provided by DIAND in 2001-2002 to this CEDO/ROP initiative. This should also include any RAN (Resource Access Negotiations) funding approved for this CEDO during 2001-2002. Do not include funding provided to other organizations (for example 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) that flowed directly to the recipient for economic development initiatives.
- Line 205 **IC:** Include all funding provided by Industry Canada (e.g., ABC-Aboriginal Business Canada Program-FedNor, FordQ, WED, etc.) that flowed directly to the recipient for economic development program initiatives.
- Line 206 **Other Federal:** Include all funding provided by other federal departments that flowed directly to the recipient for economic development program initiatives.
- Line 207 **Prov/Terr/Muni:** Include all funding provided by Provincial/Territorial/Municipal governments that 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 in 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 operating 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 to support 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.

ECONOMIC DEVELOPMENT

Line 214 **Resource Mgt (Management) Support:** Include any funds that have been expended to support resource development projects (including RAN expenditures). The results from all resource management support expenditures are reported in lines 318 and 319.

Line 215 **Other 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 Treasury Board 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 **2001-2002 Actual** The boxes in this column represent the actual results achieved by the recipient for economic development program initiatives during the 2001-2002 fiscal 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 receiving social assistance) at time of training**

Line 304 **# receiving social assistance at time of training**

All people who 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).

ECONOMIC DEVELOPMENT

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 that received technical support** (planning/technical support) to assist in expanding 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 that received technical support** (planning/technical support) to help create 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.***

ECONOMIC DEVELOPMENT

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 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 2001-2002 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 of 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

COMMUNITY ECONOMIC DEVELOPMENT PROGRAM (CEDP) ECONOMIC DEVELOPMENT LOG - PART 1

See next page for FORM.

DUE DATE: There is no DUE DATE because these log forms are not required for submission. *Instead, they are meant to help First Nations, Inuit and Innu peoples complete the Economic Development Report.* There are two suggested log forms that they can use.

INSTRUCTIONS

The log form on the following page is Part 1.

Date: Enter the date of log entry (dd/mm/yyyy).

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 receiving social assistance at the time of training.

304 - The person was receiving 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 completed 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 LOG

PART 1

TRAINING AND EMPLOYMENT			*Employment Results						Training Days (308) Indirect Funds \$ (309) Reference		
			At Training			After Training					
Date	Name of Trainee	Phone #	302	303	304	305	306	307			
		TOTALS									

***Legend for Employment:**

At the time of training

- 302** - person employed
- 303** - person unemployed and not receiving social assistance (SA)
- 304** - person receiving SA

After the training in completed

- 305** - person continued in employment
- 306** - person unemployed at time of training and placed in employment after training
- 307** - person was receiving SA at time of training and employed after training

ECONOMIC DEVELOPMENT

COMMUNITY ECONOMIC DEVELOPMENT PROGRAM (CEDP) ECONOMIC DEVELOPMENT LOG - PART 2

See next page for FORM.

DUE DATE: There is no DUE DATE because these log forms are not required for submission. *Instead, they are meant to help First Nations Inuit, and Innu peoples complete the Economic Development Report.* There are two suggested log forms that they can use.

INSTRUCTIONS

Date: Enter the date of log entry (dd/mm/yyyy).

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.
			TOTALS													

Legend for Support Results:
TS = Technical Support
JOBS = Number of jobs created
FUNDS \$ = Indirect funds (\$) levered by recipient

ECONOMIC DEVELOPMENT

OPPORTUNITY FUND / RESOURCE ACQUISITION INITIATIVE / MAJOR BUSINESS PROJECTS PROGRAM PROJECT STATUS REPORT (PAGE 1 OF 2)

See next page for FORM.

DUE DATE: Twelve months after the Community Economic Development Organization has received Opportunity Fund or Resource Acquisition Initiative funding. One, three and five years after receipt of Major Business Projects Program funding.

INSTRUCTIONS < One Form per Project >

All applicable sections of the report must be completed.

Applicant Information:

CEDO: Fill out the name and address of the Community Economic Development Organization (CEDO) that received an Opportunity Fund and/or a Resource Acquisition Initiative contribution or Major Business Projects Program funding.

Project Name: Provide the name of the project that received the contribution.

Proponent: Fill out the name and address of the project proponent which received the contribution via the CEDO.

Project Information:

Business Description: Provide a brief description of the project including the sector in which the business is involved, the product/service provided, etc.

Ownership: Identify the ownership structure of the business entity (i.e. the percentage of Aboriginal/Non-Aboriginal ownership).

Business Location: Indicate whether the business is located on or off-reserve, or in an Inuit or Innu community.

DIAND Contribution: Identify the amount of funding received from DIAND and indicate the program (Opportunity Fund, Resource Acquisition Initiative or Major Business Projects) through which the funding was accessed.

Date Project Received DIAND Funding: Provide the date that the CEDO received the DIAND contribution for the project.

Business Financial Information

Source of Funds: Provide dollar amounts for the projected and actual sources of funding.

Use of Funds: Provide dollar amounts for the projected and actual uses of funding.

Financial Statements: Attach a record of the financial statements for the first year of operations. Recipients of funding from the Major Business Projects Program will be required to report to DIAND one, three and five years after the receipt of funding as per program guidelines.

**OPPORTUNITY FUND / RESOURCE ACQUISITION INITIATIVE /
MAJOR BUSINESS PROJECTS PROGRAM
PROJECT STATUS REPORT**

APPLICANT INFORMATION

CEDO: _____ Proponent: _____
 CEDO: _____ Proponent: _____
 Address: _____ Address: _____

Project Name: _____

PROJECT INFORMATION

Business Description: _____

Ownership: _____% Aboriginal _____% Non-Aboriginal

Business Location: G On Reserve G Off Reserve G Inuit/Innu Community

DIAND Contribution: \$ _____ G Opp Fund G RAI G MBPP

Date Project Received DIAND Funding: _____

BUSINESS FINANCIAL INFORMATION

Source of Funds:			Use of Funds:		
	Projected	Actual		Projected	Actual
First Nation Equity			Developmental Costs		
Partner Equity			Land Development		
Federal Funding:			Buildings		
- DIAND			Machinery		
- Other			Working Capital		
Provincial Funding			Other		
Debt Financing					
Other					
TOTAL			TOTAL		

Please provide copies of financial statements for the first year of operations.

Note: Recipients of funding from the Major Business Projects Program will be required to report one, three and five years after the receipt of funding as per program guidelines.

ECONOMIC DEVELOPMENT

OPPORTUNITY FUND / RESOURCE ACQUISITION INITIATIVE / MAJOR BUSINESS PROJECTS PROGRAM PROJECT STATUS REPORT (PAGE 2 OF 2)

See next page for FORM.

Project Status:

Is the project operational: Indicate whether or not the project is operational.

If the project is operational, describe:

- how the project has contributed to wealth creation and reduced social dependency in the community;
- the effect that the project has had on the development of transferable workforce skills among employees;
- new markets accessed as a result of operations;
- economic spin-offs related to the development and operation of the business; and
- any significant effects that the project has had on the community or local business environment.

Number of Jobs Created: Identify the total number of new full-time and part-time (Aboriginal and Non-Aboriginal) jobs created by the business.

Number of Jobs Maintained: Identify the total number of full-time and part-time jobs maintained (Aboriginal and Non-Aboriginal) by the business.

If the project is not operational, describe:

- the challenges which hindered the operation of the business;
- the actions taken to try to mitigate those challenges; and
- any activities being undertaken to operationalize the business.

Project Status Report Completed by: Sign, print your name, the name of your organization and the date the Project Status Report was completed.

PROJECT STATUS

Is the project operational: G Yes G No

If yes, please provide a narrative describing the benefits to date:

e.g. *(Skill enhancement among employees, Jobs created for Aboriginals previously on social assistance, Access to new markets, etc.)*

Number of Jobs Created:

Aboriginal ____FT ____PT Non-Aboriginal ____FT ____PT

Number of Jobs Maintained:

Aboriginal ____FT ____PT Non-Aboriginal ____FT ____PT

If the project is no longer operational, please give an explanation as to why not:

Project Status Report Completed by:

Name: _____

Organization: _____ Date: _____

Received by:

DIAND Regional Officer: _____ Date: _____

OTHER

POLICING **2**

HEALTH SERVICES **3**

For a brief overview of these programs please refer to the First Nations National Reporting Guide 2001-2002, Volume II: Reference, Tab K.

Additional information can be obtained at your local DIAND regional office (See Tab A of this volume).

POLICING (SOLICITOR GENERAL)
Comprehensive Funding Arrangement (CFA)
Alternative Funding Arrangement (AFA)
Fixed Volume Financial Transfer Agreement (FTA) /
Canada/First Nations National Funding Agreement (CFNFA) /
Diand/First Nations National Funding Agreement (DFNFA)

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 (See Tab A of this volume).

**HEALTH SERVICES REPORTING AND AUDITING GUIDELINES
FIRST NATIONS AND INUIT BRANCH, HEALTH CANADA
Canada/First Nations Funding Agreements (CFNFA)**

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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 First Nations and Inuit Branch, Health Canada.

Applicable to recipients funded under Canada/First Nations Funding Agreements (CFNFA), formerly Financial Transfer Agreements (FTA)

Health Services Reporting and Auditing Guidelines First Nations and Inuit Branch, Health Canada Canada/First Nations Funding Agreements (CFNFA)

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, First Nations and Inuit 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 to replace 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 replacing or substituting the transferred moveable assets, which are itemized in the inventory of the Health Services Canada/First Nations Funding Agreement. Resources to replace 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.

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES

HEALTH CANADA

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:

1. **Opinion on the fairness of the financial statements;**
2. **Band's compliance with the Terms and Conditions of the Agreement;**
3. **Report on Health Expenditures (Schedule A); and**
4. **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, because 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.

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES

HEALTH CANADA

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 First Nations and Inuit Branch 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 that 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.

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES

HEALTH CANADA

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 First Nations and Inuit Branch because the band’s auditor will be reviewing the listing as part of his or her 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 band’s 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;

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES

HEALTH CANADA

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 First Nation and Inuit Branch;
 - the band has a Community Health Plan that 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; and
 - 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.

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES

HEALTH CANADA

2.3.3. Health Canada Responsibilities

The region is responsible for answering any questions concerning these guidelines and ensuring that the auditing requirements are well understood by bands and their auditors. Once an audit report has been received, the region is responsible for reviewing it, including any attachments and ensuring 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.

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES HEALTH CANADA

SCHEDULE A: Report on Health Expenditures

BAND: _____

FISCAL YEAR: 20 ____ - 20 ____

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)

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES HEALTH CANADA

SCHEDULE B: Report on Moveable Capital Assets Replacement Reserve

BAND: _____

FISCAL YEAR: 20 ____ - 20 ____

Balance at the beginning of the 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	\$ _____

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES HEALTH CANADA

ATTACHMENT 1: Auditor's Derivative Report (Sample Only)

To the Minister of Health
c/o Regional Director
_____ Region
First Nations and Inuit 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.

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES

HEALTH CANADA

ATTACHMENT 2: Mandatory Programs and Their Reporting Requirements

The community shall report to the Minister on the provision of mandatory programs, according to the following schedule:

PROGRAM	INFORMATION REQUIRED	METHOD/ FREQUENCY OF REPORTING
Communicable Disease Control	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
Environmental Health	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 that may have any significant environmental impact; including steps taken to remedy the situation
Treatment Services *	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.

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES

HEALTH CANADA

ATTACHMENT 3: List of MSB Sub-activities

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).

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

HEALTH SERVICES REPORTING AND AUDITING GUIDELINES HEALTH CANADA

ATTACHMENT 4: Listing of Replacements

MOVEABLE CAPITAL ASSETS RESERVE (MCAR)

FISCAL YEAR: 20 ____ - 20 ____

BAND: _____

FACILITY: _____

DESCRIPTION	MODEL	DATE OF PURCHASE	COST

NOTE: This listing is to be maintained by the band.

**ALTERNATIVE FUNDING ARRANGEMENTS (AFA) /
FINANCIAL TRANSFER AGREEMENTS (FTA) /
CANADA/FIRST NATIONS FUNDING AGREEMENTS (CFNFA) /
DIAND/FIRST NATIONS FUNDING AGREEMENTS (DFNFA)**

**ANNUAL RETURN
MANAGEMENT REPORT**

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MANAGEMENT REPORTS	
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Indian Registration and Band Lists	7
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AFA/FTA/CFNFA/DFNFA ANNUAL RETURN - MANAGEMENT REPORT

OVERVIEW

The Alternative Funding Arrangements (AFA/Financial Transfer Agreements (FTA)/ Canada/First Nations Funding Agreements (CFNFA)/DIAND/First Nations Funding Agreements (DFNFA) 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/CFNFA/DFNFA program having a minimum program requirement.

KEY TERMS

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 3, 4 and 5.)

Should you have any questions on completion of the report, please contact your DIAND regional or district office (Tab A in this volume).

SUMMARY OF REPORTS TO BE SUBMITTED

Please identify which reports have been submitted to DIAND

	<u>Submitted</u>
a. Non-Registered On-Reserve Population (NRORP)	
< NRORP Band Population Report Due annually - February 15 - See Guide	_____
< NRORP Collection Form Due annually - February 15 - See Guide	_____
< NRORP Certificate Form Due annually - February 15 - See Guide	_____
b. Environmental Assessment	
< Environmental Compliance Report Due annually - June 30	_____
< CEAA - Environmental Assessment Report Due before the start of the project	_____
c. Indian Registration and Band Lists	_____
< Due monthly - Contact Region Certificate of Indian Status Register Due annually - Contact Region	_____
d. Land Management and Transfers See Guide or Contact Region	
e. Elementary/Secondary Education	
< Nominal Roll Student Census Report Due annually - October 15	_____
f. Post-Secondary Education	
< Register and Summary of Post-Secondary Students Due annually - December 31	_____
< Report on Post-Secondary Graduates Summary Total of Post-Secondary Funded Students Due annually - December 31	_____
g. First Nations and Inuit Youth Employment Strategy Due annually - See Guide	_____

Submitted

- h. Social Development (Social Assistance and Social Support Services)**
 - < Social Assistance Annual Report
Due annually - May 31 _____
 - < National Child Benefit Reinvestment Annual Report
Due annually - May 31 _____
 - < Child and Family Services Maintenance and Operational Reports
**Applicable to FTA/CFNFA/DFNFA only where pilot projects have been approved.*
Due dates set by region _____
 - < Adult Services
Due annually - May 31 _____
 - < National Strategy for Integration of Persons with Disabilities Report
Due annually - May 31 _____
 - < Family Violence Projects Report
Due annually - May 31 _____
 - < Community Social Services Projects Report
Due annually - May 31 _____
 - < Day Care Facilities/Head Start Program Report
Due annually - May 31 _____

- i. Economic Development**
 - < Economic Development Report
Due annually - June 30 _____
 - < Project Status Report: Opportunity Fund and Resource Acquisition Initiative.
Due 12 months after project startup _____
 - < Major Business Projects Program
Due one, three and five years after project startup _____

- j. Pension Plan Funding**
 - < Pension Plan Funding Annual Report
Due annually - June 30 _____

- k. Community Capital Facilities Services Delivery (including Housing)**
 - < Progress Report on Capital Projects over \$1 million
Due monthly - set by funding arrangement _____
 - < Certificate of Completion for Capital Projects
Due 90 days after the completion of a project _____
 - < Five-Year Capital Plan
Due annually - March 31 _____

**AFA/FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Submitted

- I. Operation and Maintenance of Infrastructure - Assets and Facilities**
 - < Housing and Infrastructure Assets Annual Report
Due annually - March 31 _____
 - < Schools Annual Report
Due annually - March 31 _____
 - < Changes in Capital Assets
Due annually - March 31 _____
 - < Completed ACRS Projects Annual Report
Due annually - March 31 _____
 - < Asset Operation and Maintenance (O&M) Review
Due annually - March 31 _____
 - < Maintenance Management Plan Annual Report
Due annually - March 31 _____

- m. Fire Protection**
 - < Fire Protection Services Summary Report
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 Tab C: Environmental Assessment in this volume).

Information provided here confirmed as correct by:

Signature

Date

Name

Position

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, receivable and overdue? **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

Position

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 Tab E: Education in this volume). The data shall be as of September 30.

Information provided here confirmed as correct by:

Signature

Date

Name

Position

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. 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 Tab E: Education in this volume).

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 Tab G: Social Development in this volume). 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 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 Tab H: Indian Government Support in this volume).

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 alternative Funding Agreement (AFA) . 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. **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.

d. Additional Information: Data reports for Capital and Housing shall be submitted by the council to DIAND (Refer to Tab I: Capital in this volume).

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 Tab I: Capital in this volume).

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 Tab I: Capital in this volume).

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 Volume II: Reference, Tab K: Other Program Reporting).

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 identified environmental hazards? 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. Reporting and auditing guidelines for Health Services CFNFA can be found at Tab K in this volume. Please contact your regional DIAND office for further information (Tab A in this volume).

Information provided here confirmed as correct by:

Signature

Date

Name

Position