



FIRST NATIONS NATIONAL REPORTING GUIDE 2002-2003

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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Web addresses

Where applicable, Internet addresses that provide supplemental information have been provided for each program.

Non-Registered On-Reserve Population - Tab B

Online data entry

First Nations may update their non-registered on-reserve data through the NRORP web site. This web site may be accessed from DIAND's Electronic Service Delivery page at http://www.ainc-inac.gc.ca/esd/index_e.html Contact your regional DIAND office for further instructions.

Environmental Assessment - Tab C

Please note: due to legislative changes to the *Canadian Environmental Assessment Act* and the proposed *Species at Risk Act*, the Environmental Assessment Report will be subject to change during the fiscal year.

Training Seminars

The Environment Directorate (part of Lands, Trusts and Surveys Branch) has developed training seminars as a means of delivering important environmental information and knowledge to DIAND personnel, Band Councils, First Nations members, businesses and corporations. At this time, courses are being delivered by designated colleges with participant, instructor and reference manuals. In the future, training material will be converted to an on-line format on DIAND's Internet site as part of the Government On-Line initiative. Further information is available in Volume II, Tab C or through Steve Varrette, Environmental Manager, varrettes@inac.gc.ca.

Lands and Trust Services - Tab D

Band Governance

The Electoral Officer's Report for section 74 bands has been updated. For those First Nations that elect/select their council or representatives in accordance with their own custom election code, a Custom Election Code Report - Election Results has now been included in Tab D, Volume I. DIAND does provide training workshops for elections. For more information regarding the election process, the appeal mechanism and the reporting requirements, contact your DIAND regional office.

Resource Access Negotiations Program (RAN)

This program has been moved to Tab J - Economic Development. In the Comprehensive Funding Arrangement, this program will continue to be grouped with other LTS programs, however, all Economic Development initiatives, including RAN, will now be in the same section.

Education - Tab E

Post-Secondary Education - Revised Forms

Both the Register of Post-Secondary Education Students and the Register of Post-Secondary Education Graduates/Summary Total of Post-Secondary Education-funded Students have been completely reformatted to facilitate data accuracy and completeness. Although the form is 8½ X 11" in the guide, the forms now measure 8½ X14" which will be sent to First Nations in PSE call packages. In addition to regular data, the new form now asks to clearly identify:

- < if the student is UCEP (University or College Entry Program)
- < if the student is Inuit or Innu
- < the date of birth and gender for new students and graduates
- < for the name and number of the Administering Organization rather than First Nation.

Gathering Strength - Education Reform

This program is now included in the FNNRG. Education Reform was launched in 1998 as a component of Gathering Strength – Canada's Aboriginal Action Plan. The Education Reform resources are used to improve the quality of education in First Nation schools and the academic achievement of First Nation students. An Evaluation Form is included in Volume I.

First Nations and Inuit Youth Employment Strategy - Tab F

Final Report Forms for all programs under the FNIYES have a new look. They have been designed in word-processing format in an effort to make them more user friendly. The sections on age and educational levels have been grouped rather than asking for individual ages and grades.

New Reporting Requirements include:

- < Number of participants with disabilities. DIAND must report this to Human Resources Development Canada (HRDC), the lead department for the federal Youth Employment Strategy.
- < What do participants do after completing the program: do they find work? do they return to school? DIAND must report on the post-program activities of youth participants to ensure this program continues to be funded.
- < Although not required, a Participant Evaluation Form has also been included for all of the FNIYES programs. It has been developed in an effort to determine whether FNIYES programs are meeting participant needs. Participant's comments are critical to the design of the program.

Indian Government Support - Tab H

Increased Support for First Nation Administration

To support the implementation of increased funding for First Nation administration by the equivalent of 5% of Band Support Funding (BSF) this year and for the next three years, a full update to the Indian Government Support data is required. A revised Band Support Funding Application for Grant form has been included in this year's Guide. Current Indian Government Support data will contribute to determining the way in which this additional funding may be provided to First Nations.

Funds may be provided as Band Support Funding if maximum funding levels based on the Band Support formulae have not been reached. When BSF is at the maximum, as defined by the formulae, then other local administration support may include Indian/Inuit Management Development (IIMD) or Band Employee Benefits (BEB) funding.

Social Development: Social Support - Tab G

Family Violence Shelters New Form

In order to adequately access this program, a new Family Violence Shelters Form has been developed which is similar to the Transitional Home Survey put out by Statistics Canada.

Capital - Tab I

Housing and Infrastructure Assets website

First Nations may update their housing data and access previous year's data through the Housing & Infrastructure Assets web site. This web site may be accessed from DIAND's Electronic Service Delivery page at http://www.ainc-inac.gc.ca/esd/index_e.html . Contact your regional DIAND office for further instructions.

Economic Development - Tab J

This year all DIAND Economic Development initiatives have been included in one section. The **Resource Partnerships Program** and **Regional Partnership Fund** have been added and the **Resource Access Negotiations (RAN) Program** has been moved from Tab D to this section.

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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), 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 the 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 Internet Home Page at: <http://www.inac.gc.ca>.

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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	#	#	#
Environmental Assessment	#	#	#
Lands and Trust Services Includes: Land Management and Transfers, Indian Registry, Band Governance For Resource Access Negotiations (RAN) Program see TAB J - Economic Development	#	#	#
Education Includes: Elementary/Secondary Education, Post-Secondary Education, Cultural Centres, Gathering Strength - Education Reform	#	#	#
First Nation & Inuit Youth Employment 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 (Including Housing)	#	#	#
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)		#	#

If you have any questions, contact your DIAND regional office (*list is on page 11*).

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

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Canadian public, through the Minister, Parliament and agencies, such as the 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 both DIAND and First Nations to assess the results of program expenditures against operational, program and policy objectives. Accountability, also requires data collection processes, 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.

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

The department, through the Transfer Payments Directorate, develops and maintains key generic funding agreement models for use with First Nation communities which have not entered into their own self-government agreements. These funding agreements require First Nations to adhere to a common set of accountability requirements which address areas of high risk through transparency, disclosure and redress policies and emphasize local accountability for local decision making.

The generic funding agreements contain terms and conditions to manage the funding transferred in three ways:

- < General -requirement for an audit; provision for access to records; provision for reporting and data quality; provision for default and remedial management; requirement for representation and warranties and indemnification, etc.
- < Recipient specific - project specific requirements (for example, training, policy development or other capacity development activities).
- < Program specific - minimum program delivery and reporting requirements.

If you have any questions regarding departmental funding agreements, please contact your DIAND regional office on page 11 or the Director, Transfer Payments, at 819-997-0667.

Comprehensive Funding Arrangement

The CFA is a program-budgeted funding agreement that DIAND enters into with Recipients for a one year duration and which contains programs funded by means of **Contribution**, which is reimbursement of actual expenditures; **Flexible Transfer Payment**, which is formula funded and surpluses may be retained provided terms and conditions have been fulfilled; and/or **Grant**, which is unconditional.

For a generic template of the agreement in use (for reference and information purposes only) please see http://www.ainc-inac.gc.ca/pr/pub/comp_e.html

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)

FTAs also establish a different relationship between the Crown and recipients than what exists under CFAs and AFAs. Specifically, FTA 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 provide First Nations with the greatest flexibility.

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DIAND/First Nations Funding Agreement (DFNFA)

The DFNFA is a block-budgeted funding agreement that DIAND enters into with First Nations and Tribal Councils for a five year duration. The DFNFA is a funding agreement which defines 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. First Nations may redesign programs to meet specific community needs, subject to maintaining minimum delivery standards, and may reallocate funds between program areas.

For a generic template of the agreement in use (for reference and information purposes only) please see http://www.ainc-inac.gc.ca/pr/pub/fundi_e.html

Canada/First Nations Funding Agreement (CFNFA)

The CFNFA is a block-budgeted funding agreement that DIAND and other federal government departments enter into with First Nations and Tribal Councils for a five year duration. The CFNFA is a funding agreement which contains a common set of federal government funding terms and conditions in the main body of the agreement, while schedules attached to the agreement contain terms and conditions specific to each federal department. The CFNFA defines 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. First Nations may redesign programs to meet specific community needs, subject to maintaining minimum delivery standards, and may reallocate funds between program areas.

For a generic template of the agreement in use (for reference and information purposes only) please see http://www.ainc-inac.gc.ca/pr/pub/cana_e.html

If you have any questions regarding funding arrangements, please contact your DIAND regional office on page 11

FIRST NATIONS DATA REPORTING SCHEDULE 2002-2003

TAB	CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	First Nations Collection Period / Census Date	DUE DATES First Nations to Regions
B	NON-REGISTERED ON-RESERVE POPULATION (NRORP)					
#	#	#		NRORP Band Population Report (<i>to verify and update individuals</i>) TPMS RR CODE: 0150	December 31	February 16
#	#	#		NRORP Collection Form (<i>to add new individuals</i>) TPMS RR CODE: 0151	December 31	February 16
#	#	#		NRORP Certificate Form TPMS RR CODE:0152	December 31	February 16
C	ENVIRONMENTAL ASSESSMENT					
#	#	#		Environmental Compliance Report TPMS RR CODE: 0001	Annually (previous fiscal year)	June 30
#	#	#		CEAA: Environmental Assessment Report TPMS RR CODE:0002 Please Note: Due to legislative changes to the <i>Canadian Environmental Assessment Act</i> and the proposed <i>Species at Risk Act</i> , the Environmental Assessment report will be subject to change during the fiscal year	prior to approval of any project with potential environmental impact	Contact Region
D	LANDS AND TRUSTS SERVICES					
	Land Management and Transfers					
#	#	#		Quarterly Report on Rentals and Receivables TPMS RR CODE: 0004	Annually or twice yearly	Contact Region
#	#	#		Summary Report of Land Management Transactions TPMS RR CODE: 0003	Project-by-project	Contact Region
	Indian Registration					
#	#	#		Indian Registry Data Entry TPMS RR CODE: 0008	Monthly	Contact Region
#	#	#		Indian Register Events Reports Summary TPMS RR CODE: 0007	Monthly	Contact Region
#	#	#		Certificate of Indian Status Register TPMS RR CODE: 0012	Monthly	Contact Region
	Band Governance					
#	#	#		Electoral Officer's Report (Section 74 bands) TPMS RR CODE: 0009	Two weeks following every general election and by-election	Contact Region
#	#	#		Custom Election Code Report - Election Results		
	Resource Access Negotiations (RAN) Program - see Tab J - Economic Development					
E	EDUCATION					
	E1 - ELEMENTARY/SECONDARY EDUCATION					
#	#	#		Nominal Roll Student Census Report TPMS RR CODE: 0022	September 30	October 15
#	#	#		Annual Certification of Teachers and Curriculum TPMS RR CODE: 0023	Annually beginning school year	Annually soon after beginning school year
#				Provincial/Territorial Educational Services Report TPMS RR CODE: 0024	Annually	Set by Region
#	#	#		School Evaluation Report TPMS RR CODE: 0021	Once every 5 years	Set by Region
	E2 - POST-SECONDARY EDUCATION (PSE)					
#	#	#		Register of PSE Students TPMS RR CODE: 0030	November 3	December 31
#	#	#		Register of PSE <i>Graduates</i> /Summary Total of PSE Funded <i>Students</i> TPMS RR CODE: 0031	Annually	December 31
#	#	#		Indian Studies Support Program (ISSP) TPMS RR CODE: 0033	Annually	Set by Region
	E3 - CULTURAL EDUCATION					
#	#	#		Cultural Education Annual Activity Report TPMS RR CODE: 0025	Annually	Set by Region
	E4 - GATHERING STRENGTH - EDUCATION REFORM					
#	#	#		Evaluation Report Initial Report TPMS RR CODE: 0225 Final Report TPMS RR CODE: 0226	Annually	Initial: October 31 Final: July 31

FIRST NATIONS DATA REPORTING SCHEDULE 2002-2003

TAB	CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	First Nations Collection Period / Census Date	DUE DATES First Nations to Regions
F	FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY					
#	#	#		Evaluation Report: Science and Technology Camp Program TPMS RR CODE: 0038	Annually	summer camp 15 Sept. school yr camp 31Mar
#	#	#		Evaluation Report: Summer Student Career Placement Program TPMS RR CODE: 0040	Annually	Sept. 15
#	#	#		Evaluation Report: First Nations Schools Co-operative Education Program TPMS RR CODE: 0035	Annually	March 31
#	#	#		Evaluation Report: Work Experience Program TPMS RR CODE: 0034	Annually	March 31
				Participant Evaluation Form	<i>not required but used to determine whether programs meet participant needs</i>	
G	SOCIAL DEVELOPMENT					
	G1 - Social Assistance					
#				Social Assistance Monthly Reports TPMS RR CODE: 0041	Monthly	Contact Region
	#	#		Social Assistance Annual Reports TPMS RR CODE: 0057	Annually	May 31
	G2 - National Child Benefit (NCB)					
#	#	#		National Child Benefit (NCB) First Nations Annual Report on Reinvestment TPMS RR CODE: 0059	Annually (previous fiscal year)	Contact Region
	G3 - Social Support Services					
#				Child and Family Services Maintenance Monthly Report TPMS RR CODE: 0045	Monthly	15 days after months end
#				Child and Family Services Operational Report TPMS RR CODE: 0047	Annually or 2X yearly	Contact Region
		#		Child and Family Services Maintenance Monthly Report <i>(Reporting is only applicable when block funding for CFNFA/ DFNFA pilot projects have been approved.)</i> TPMS RR CODE: 0043	Monthly	15 days after months end
		#		Child and Family Services Operational Report <i>(Reporting is applicable only when block funding for CFNFA/DFNFA pilot projects have been approved.)</i> TPMS RR CODE: 0044	Annually or twice yearly	Contact Region
#				Adult Services Monthly Report TPMS RR CODE: 0050	Monthly	15 days after months end
	#	#		Adult Services Annual Report TPMS RR CODE: 0050	Annually (previous fiscal year)	May 31
#	#	#		National Strategy for Integration of Persons with Disabilities Annual Report TPMS RR CODE: 0051	Annually (previous fiscal year)	May 31
#	#	#		Family Violence Projects Annual Report TPMS RR CODE: 0048	Annually (previous fiscal year)	May 31
#	#	#		Family Violence Shelters Annual Report TPMS RR CODE: 0053	Annually (previous fiscal year)	May 31
#	#	#		Community Social Services Projects Annual Report TPMS RR CODE: 0055	Annually (previous fiscal year)	May 31
#	#	#		Day Care Facilities/ Head Start Program Annual Report TPMS RR CODE: 0046	Annually (previous fiscal year)	May 31
H	INDIAN GOVERNMENT SUPPORT					
	Band Support Funding (BSF)					
#	#	#		Application for Grant Band Support Funding TPMS RR CODE: 0063	Annually (previous fiscal year)	Contact Region
#	#	#		Eligible Unaffiliated Large Band Advisory Services Annual Report* TPMS RR CODE: 0061	Annually (previous fiscal year)	Contact Region
	Tribal Council Funding* *Only Where Applicable					
#	#	#		Application for Grant Band Support Funding* <i>(same form used for tribal councils)</i> TPMS RR CODE: 0062	Annually (previous fiscal year)	Contact Region
#	#	#		Annual Report on Program Activities* TPMS RR CODE: 0064	Annually (previous fiscal year)	Contact Region
	Band Employee Benefits Program					
#				Application for Band Employee Benefits Funding TPMS RR CODE: 0065	Annually (previous fiscal year)	May 31

FIRST NATIONS DATA REPORTING SCHEDULE 2002-2003

TAB	CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	First Nations Collection Period / Census Date	DUE DATES First Nations to Regions
	#			List of Eligible Employees TPMS RR CODE: 0066	Annually (previous fiscal year)	May 31
	#	#	#	Pension Plan Funding Annual Report TPMS RR CODE: 0068	Annually (previous fiscal year)	May 31
Indian/Inuit Management Development [IIMD]						
	#	#	#	Program Proposal TPMS RR CODE: 0070	Project-by-project	Contact Region
I						
CAPITAL						
C1 - Operation and Maintenance of Infrastructure - Assets and Facilities						
Fire						
	#	#	#	Fire Protection Services Summary Report TPMS RR CODE: 0101	Annually (previous calendar year)	March 31
	#	#	#	Fire Losses Annual Report TPMS RR CODE: 0102	Annually (previous calendar year)	March 31
Housing and Infrastructure Assets						
	#	#	#	Housing and Infrastructure Assets Annual Report TPMS RR CODE: 0108	Annually (previous fiscal year)	March 31
Schools						
	#	#	#	Schools Annual Report TPMS RR CODE: 0111	Annually (previous fiscal year)	March 31
Capital Assets						
	#	#	#	Changes in Capital Assets Annual Report TPMS RR CODE: 0103	Annually (previous fiscal year)	March 31
	#	#	#	Completed ACRS Project Annual Report TPMS RR CODE: 0104	Annually (previous fiscal year)	March 31
	#	#	#	Asset Operation and Maintenance (O&M) Review Annual Report TPMS RR CODE: 0112	Annually (previous fiscal year)	March 31
	#	#	#	Maintenance Management Plan Annual Report TPMS RR CODE: 0105	Annually (previous fiscal year)	March 31
C2 - Community Capital Facilities Service Delivery (Including Housing)						
	#	#	#	Community-Based Housing Plan Annual Report TPMS RR CODE: 0123	Annually (previous calendar year)	March 31
Capital Projects:						
	#	#	#	Progress Report on Capital Projects TPMS RR CODE: 0120	Monthly	Set by Funding Agreement
	#	#	#	Certificate of Completion for Capital Projects TPMS RR CODE: 0121	Project-by-project	90 days after completion
	#	#	#	Five Year Capital Plan <i>Annual Update</i> TPMS RR CODE: 0122	Annually (previous calendar year)	March 31
J						
ECONOMIC DEVELOPMENT						
Community Economic Development Program (CEDP)						
	#	#	#	Economic Development Report TPMS RR CODE: 0131	Annually (previous fiscal year)	June 30
	#	#	#	Economic Development Log - Part I	These log forms are <u>not</u> required for submission. <i>They are meant to assist First Nations, Inuit and Innu complete the Economic Development Report.</i>	
	#	#	#	Economic Development Log - Part II		
Opportunity Fund and the Resource Acquisition Initiative Program						
	#	#	#	Project Status Report TPMS RR CODE: 0132	Project-by-project	12 months after startup
Major Business Projects Program						
	#	#	#	Project Status Report TPMS RR CODE: 0133	Project-by-project	1, 3 and 5 years after project startup
Resource Partnerships Program						
	#	#	#	Project Status Report TPMS RR CODE: 0133	Project-by-project	1, 3 and 5 years after project startup
Resource Access Negotiations (RAN) Program						

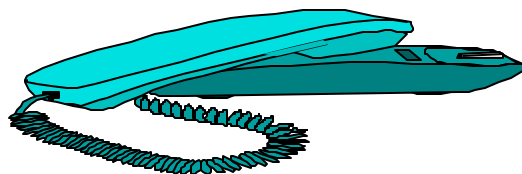
INTRODUCTION

TAB	CFA	AFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	First Nations Collection Period / Census Date	DUE DATES First Nations to Regions
	#	#	#	End of Project Report Form (project results) TPMS RR CODE: 0136	Annually (previous fiscal year)	June 30
Regional Partnership Fund						
	#	#	#	Project Status Report TPMS RR CODE: 0133	Project-by-project	1, 3 and 5 years after project startup
K	OTHER PROGRAM REPORTING					
	#	#	#	Policing (Solicitor General)	Contact Region	Contact Region
			#	Health Services Reporting and Auditing Guidelines (Health Canada)	Contact Region	Contact Region
L		#	#	ANNUAL RETURN MANAGEMENT REPORT	Contact Region	Contact Region

INTRODUCTION

LIST OF DIAND REGIONAL OFFICES

ALBERTA REGION Indian and Northern Affairs Canada 630 Canada Place 970 Jasper Avenue EDMONTON AB T5J 4G2 Tel: (780) 495-2773 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 Jacques-Cartier Complex 320 east, St-Joseph Street Office 400 QUEBEC QC G1K 9J2 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) 669-2627 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 969, PO Box 2200 Iqaluit, Nunavut, X0A 0H0 Tel: (867) 975-4503 Fax: (867) 975-4560



INTRODUCTION

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

NON-REGISTERED ON-RESERVE POPULATION (NRORP)

Non-Registered On-Reserve Population Band Population Report	2
Non-Registered On-Reserve Population Collection Form	4
Non-Registered On-Reserve Population Certificate Form	6

Note: The procedures outlined in this section may change if First Nations are using Electronic Data Interchange (EDI). First Nations may update their Non-Registered On-Reserve data through the NRORP web site. This web site may be accessed from DIAND's Electronic Service Delivery page at http://www.ainc-inac.gc.ca/esd/index_e.html Contact your regional DIAND office for further instructions.

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

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

NON-REGISTERED ON-RESERVE POPULATION (NRORP)

NON-REGISTERED ON-RESERVE POPULATION BAND POPULATION REPORT

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 16. 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. Some of the steps involved in updating the ***NRORP Band Population Report*** are as follows:

- < Verify that the region, district, band name and band number printed on the form is correct.
- < Verify that the information on the NRORP Population Report is correct
- < Indicate that an entry has been verified and is correct by placing a check mark (✓) beside the entry.
- < Correct all incorrect information 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 the reason in the notes column (i.e., deceased, moved from reserve, registered).
- < Add any non-registered individuals living on reserve who are not on the ***NRORP Band Population Report*** to the ***NRORP Collection Form*** (see the ***NRORP Collection Form*** section of this guide).

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



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

THIS IS ONLY AN EXAMPLE

2002 Band Population Report / Rapport de la population dans la bande

Region / Région :

District :

Band / Bande :

Identifiant ID Numéro Id	Surname / Nom de famille	Given Name / Prénom	Birth Date yyyy/mm/dd / Date de naissance aaaa/mm/jj	Gender / Sexe (M / F)	On- Reserve / Sur réserve (Y / N)	Reserve Number / Numéro de la réserve	Notes
12343	Surname1	Given Name1	1950/01/26	M	Y	00000	
12344	Surname2	Given Name2	1951/02/22	F	Y	00000	<i>deceased</i>
12345	Surname3	Given Name3	1952/03/12	F	Y	00000	
12346	Surname4	Given Name4	1953/11/02	F	Y	00000	
12347	Surname5	Given Name5	1955/10/28	M	Y	00000	
12348	Surname6	Given Name6	1961/09/30	M	Y	00000	<i>moved from reserve</i>
12349	Surname7	Given Name7	1962/12/25	F	Y	00000	
12350	Surname8	Given Name8	1963/01/08	M- F	Y	00000	
12351	Surname9	Given Name9	1971/05/09	M	Y	00000	
12352	Surname10	Given Name10	1972/06/26	F	Y	00000	
12353	Surname11	Given Name11	1976/04/14	M	Y	00000	
12354	Surname12	Given Name12	1980/03/15	F	Y	00000	
12355	Surname13	Given Name13	1998/10/22	F	Y	00000	

TPMS RR CODE: 0150

NON-REGISTERED ON-RESERVE POPULATION (NRORP)

NON-REGISTERED ON-RESERVE POPULATION COLLECTION FORM

DUE DATE: Due annually on February 16 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 that the region, district, band name and band number printed on the form is correct. If the fields are blank, write in the information.
- < Provide 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(s), 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 /
LA POPULATION NON INSCRITE VIVANT DANS LES RÉSERVES**

2002 Collection Form / Formulaire de recensement

Region / Région :

District :

Band / Bande :

Date / Date : _____

Prepared by / Préparé par : _____

Title / Titre : _____

Signature : _____

Surname / Nom de famille	Given Name / Prénom	Birth Date yyyy/mm/dd / Date de naissance aaaa/mm/jj	Gender / Sexe (M / F)	Reserve Number / Numéro de la réserve	Notes

TPMS RR CODE: 0151

NON-REGISTERED ON-RESERVE POPULATION (NRORP)

NON-REGISTERED ON-RESERVE POPULATION CERTIFICATE FORM

DUE DATE: Due annually on February 16 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).

- < Verify that the region, district, band name and band number printed on the form is correct. If the fields are blank, write in the information.
- < Provide the total number of non-registered individuals 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.

<p><i>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.</i></p>

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



2002 Certificate Form / Formulaire d'attestation

Band Name / Nom de la bande :	Data Collection Date / Date du recensement: December 31 / 31 décembre, 2002
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:
---	---	-------

TPMS RR CODE: 0152

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.

TPMS RR CODE: 0001

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

Please Note: Due to legislative changes to the *Canadian Environmental Assessment Act* and the proposed *Species at Risk Act*, the Environmental Assessment Report will be subject to change during the fiscal year.

For an overview of the Environmental Assessment program and data collection exercise, as well as for definitions of data elements, please refer to 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

Please Note: Due to legislative changes to the *Canadian Environmental Assessment Act* and the proposed *Species at Risk Act*, the Environmental Assessment report will be subject to change during the fiscal year.

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

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

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

LANDS AND TRUST SERVICES

LAND MANAGEMENT AND TRANSFERS

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

INDIAN REGISTRATION

Indian Registry Data Entry	4
Indian Register Events Reports Summary	8
Certificate of Indian Status Register	10

BAND GOVERNANCE

Electoral Officer's Report (Section 74 bands)	12
Custom Election Code Report - Election Results	16

The Electoral Officer's Report for section 74 bands has been updated. For those First Nations that elect/select their council or representatives in accordance with their own custom election code, a Custom Election Code Report - Election Results has now been included in Tab D, Volume I. DIAND does provide training workshops for elections. For more information regarding the election process, the appeal mechanism and the reporting requirements, contact your DIAND regional office.

RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM

..... see Tab J - Economic Development

For an overview of the Lands and Trust Services (including Indian Registry) program and data collection exercise, as well as for definitions of data elements, please refer to 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

MANAGEMENT AND TRANSFERS QUARTERLY REPORT ON RENTALS AND RECEIVABLES

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

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.

QUARTERLY REPORT ON RENTALS AND RECEIVABLES

*Detailed listing. Contact DIAND regional office.

TPMS RR CODE: 0004

SUMMARY REPORT OF LAND MANAGEMENT TRANSACTIONS

*Summary report. Contact DIAND regional office.

TPMS RR CODE: 0003

LANDS AND TRUST SERVICES

INDIAN REGISTRATION INDIAN REGISTRY DATA ENTRY

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 YYYY-AAAA MM DD-JJ		Alias (Optional) - Autre noms (Optionnel)						
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 YYYY-AAAA MM DD-JJ		Alias (Optional) - Autre noms (Optionnel)						
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 YYYY-AAAA MM DD-JJ		Sex - Sexe 9 M 9 F	Province	Residence Code - Code de résidence		Category - Catégorie			6 () ()	
D Other Parent - Autre parent										
Registry no. - N° de registre		Family name - Nom du famille			Given name - Prénoms					
Date of birth - Date de naissance YYYY-AAAA MM DD-JJ		Sex - Sexe 9 M 9 F	Province	Residence Code - Code de résidence		Category - Catégorie			6 () ()	
E Birth - Naissance										
Please complete Section / Veuillez remplir la section A C D		Sex - Sexe 9 M 9 F	Province	Residence Code - Code de résidence		Category - Catégorie			6 () ()	
9 Current year - Année courante Code "01"				9 Prior to current year - Antérieure à l'année courant Code "02"						
F Miscellaneous additions - additions diverses										
Please complete Section / Veuillez remplir la section A C D E				9 "Martin" case - Cas "Martin"			9 Other - Autre			
				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 A			9 Birth - Naissance			Event Date - Date de l'événement YYYY-AAAA MM DD-JJ		
					9 Marriage - Mariage					

H Marriage - Mariage			
<input type="checkbox"/> Two Indians Deux indiens <input type="checkbox"/> Indian female married to non-Indian male Indienne mariée à un non-indien <input type="checkbox"/> Indian married to non-Indian female (Acquired status) Indien marié à un non-indienne (Status acquis) <input type="checkbox"/> Indian married to non-Indian female (No status gained) Indien marié à un non-indienne (Status non-acquis)	Code "12" Code "18" Code "13" Code "19"	Husband Please complete Section Époux Veuillez remplir la section A Wife Please complete Section Épouse Veuillez remplir la section B <input type="checkbox"/> Both names Les deux noms <input type="checkbox"/> Reverted to maiden name Reprend son nom de naissance	Marriage Date - Date de mariage YYYY-AAAA MM DD-JJ 9 Retains maiden name Garde nom de naissance 9 Husband's name Le nom de l'époux Province code - Code de la province Residence code - code de résidence
Divorce			
<input type="checkbox"/> Two Indians Deux indiens <input type="checkbox"/> Indian female and non-Indian Indienne mariée à un non-indien <input type="checkbox"/> Indian married to non-Indian female (No status gained) Indien marié à un non-indienne (Status non-acquis)	Code "33" Code "18" Code "19"	Husband Please complete Section Époux Veuillez remplir la section A Wife Please complete Section Épouse Veuillez remplir la section B <input type="checkbox"/> Reverted to maiden name Reprend son nom de naissance	New Registry No. - Nouveau n° de registre Event Date - Date de l'événement YYYY-AAAA MM DD-JJ 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) * Custody awarded to Garde accordée à la (au) * Resides with Réside avec la (le) *	<input type="checkbox"/> Mother Mère <input type="checkbox"/> Mother Mère <input type="checkbox"/> Mother Mère	<input type="checkbox"/> Father Père <input type="checkbox"/> Father Père <input type="checkbox"/> Father Père	Child Please complete Section Enfant Veuillez remplir la section A Divorce Date - Date de divorce YYYY-AAAA MM DD-JJ
K Confirmed Death			
<input type="checkbox"/> Indian Indien(ne) <input type="checkbox"/> Non-Indian Indienne mariée à un non-indien	Code "40" Code "61"	Please complete Section Veuillez remplir la section A (for deceased) (pour la défunt/la défunte) 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)	Date of death - Date de décès YYYY-AAAA MM DD-JJ
L Member - Membre			
<input type="checkbox"/> 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 DONNÉES

YELLOW: AFFECTED OFFICE
JAUNE: BUREAU CONCERNÉ

PINK: ORIGINATOR
ROSE: DEMANDEUR

TPMS RR CODE: 0008

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LANDS AND TRUST SERVICES

INDIAN REGISTRATION INDIAN REGISTER EVENTS REPORTS SUMMARY

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 <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> Y/A M/M DD-JJ </div> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"> </td> <td style="width: 20%; height: 20px;"> </td> <td style="width: 20%; height: 20px;"> </td> <td style="width: 20%; height: 20px;"> </td> <td style="width: 20%; height: 20px;"> </td> <td style="width: 20%; height: 20px;"> </td> </tr> </table>						

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WHITE COPY COPIE BLANCHE	* Regional Office Bureau régionale
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CANARY COPY COPIE CANARIE	* Originator Demandeur
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LANDS AND TRUST SERVICES

INDIAN REGISTRATION CERTIFICATE OF INDIAN STATUS REGISTER

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.**

CERTIFICATE OF INDIAN STATUS REGISTER REGISTRE DE CERTIFICAT DE STATUT INDIEN

Responsibility Centre - Centre de responsabilité

Name, surname (in full) Nom, Prénom (au complet)	Registry No. No. de registre	Serial No. No. de série	Date Issued Date de délivrance	Applicant's Signature Signature du requérant	Applicant's Address Adresse du requérant	Issued By Émis par

LANDS AND TRUST SERVICES

BAND GOVERNANCE ELECTORAL OFFICER'S REPORT

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.

INSTRUCTIONS - page 1 of 3

- Fill in the band name, number and district/region, and indicate whether it was a general election or a by-election.
- Provide the date of the most recent election, and the total number of members in the band and the number of individuals eligible to vote.
- Provide the usual number of councillors, and note if there has been a change in the size of council since the last election.
- Provide a summary of the election process, including the following:
 - " The date and location(s) that the notice of nomination meeting was posted in the community. The date of the notice of nomination meeting was mailed to off-reserve members and the number of notices mailed.
 - " The date and hours of the nomination meeting.
 - " The date and location(s) that the notice of poll was posted in the community and mailed to off-reserve members.

INSTRUCTIONS - page 2 of 3

- " The date and location of the poll(s).
- " Provide a breakdown of the total number of ballots printed; cast and counted, cast but rejected, mailed out, returned undelivered, not returned, spoiled, unused, and voided.
- " Provide a breakdown of the total number of ballots cast for each candidate for the positions of chief and councillors, and the mailing address of each candidate.

INSTRUCTIONS - page 3 of 3

- " List the names of the successful candidates elected to office.
- " Indicate the date the new term of office commences.
- " Provide any additional relevant information regarding the conduct of the election.
- The electoral officer must date and sign this report.

Electoral Officer's Report

1. Band name: _____ 2. Date: _____
3. Band number: _____ 4. District/Region: _____
5. Type of election: (General or By-Election) _____ 6. Date of most recent previous election: _____
7. Total number of members of the Band: _____
8. Total number of electors: _____
9. The Council is composed of one Chief and _____ (#) Councillors.

10. The notice of nomination meeting was posted on:

a) the _____ day of _____, 20 _____, at the following locations:

b) mailed to the majority of the off-reserve members during the period from _____ day to _____ of _____, 20 _____.

c) mailed to _____ (#) electors living on-reserve who requested mail-in ballots.

11. The nomination meeting was held on the _____ day of _____, 20 _____, at _____ and was opened from _____ to _____.

12. The Notice of Poll was posted on:

a) the _____ day of _____, 20 _____, at the following locations:

b) mailed/delivered to the majority of the off-reserve members during the period from _____ day to _____ of _____, 20 _____.

13. The poll was held on the _____ day of _____, 20 _____, at the following polling places:

14. Total number of ballots printed: for Chief _____ for Councillor _____
15. a. Number of ballots cast and counted _____
- b. Number of ballots cast and rejected _____
(Rejected = Eg. voted for too many candidates)
- c. Number of mail in ballots mailed out _____
- d. Number of mail in ballots returned undelivered _____
- e. Number of mail in ballots not returned _____
- f. Number of ballots spoiled _____
(Spoiled = elector asks for a replacement)
- g. Number of ballots unused _____
- h. Number of voided ballots _____
(Voided = never deposited into ballot box)
- i. Total (should be equal to item 14 above) _____

16. Total number of votes cast for each candidate for Chief (please complete all three).

Name of Candidate :	Address:	Number of Votes:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Number of rejected ballots for Chief: _____

18. Total number of votes cast for each candidate for councillor: (please complete all three)

Name of Candidate :	Address:	Number of Votes:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Number of rejected ballots for Councillor: _____

20. The following candidates have been publicly declared elected:

a. To the Office of Chief:

Name: _____

b. To the Office of Councillor (#):

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

21. The term of office commences on the _____ day of _____, 20 _____.

22. Additional Comments:

23. I, _____, appointed to the position of Electoral Officer
(name of Electoral Officer)
on the _____ day of _____, 20 _____, for the _____ Band, declare
that the polling place(s) was kept open between the hours of 9:00 'clock a.m. and 8 o'clock p.m.
(local time), that I have correctly counted the votes cast for each candidate and have performed
all other duties required of me by the *Indian Band Election Regulations*; and that a copy of this
report will be posted at each place where the notice of poll was posted and mailed to the last
known address of the off-reserve members.

Electoral Officer

LANDS AND TRUST SERVICES

BAND GOVERNANCE

CUSTOM ELECTION CODE REPORT - ELECTION RESULTS

DUE DATE: An Custom Election Report listing election results 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.

INSTRUCTIONS

Those First Nations that carry out the election or selection of council according to their own custom election code need to provide only the date of the election or by-election, term of office together with the names of the successful candidates.

Custom Election Code Report

Election Results

Name of First Nation: _____

Type of Election: (1) By-Election: _____ or (2) General Election: _____

If General Election, Term of Office: _____

Date of Election: _____, 200

Results of Election:

Successful Candidate for Chief: _____

Successful Candidates for Council:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of First Nation Electoral Officer or Representative:

_____ Date: _____ 200

EDUCATION

Please note that the Education chapter is divided into four sections and separated by coloured paper.

ELEMENTARY/SECONDARY EDUCATION section 1

POST-SECONDARY EDUCATION section 2

CULTURAL EDUCATION section 3

GATHERING STRENGTH - EDUCATION REFORM section 4

For an overview of the Education programs and data collection exercises, as well as for definitions of data elements, please refer to Volume II: Reference, Tab E.

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

ELEMENTARY/SECONDARY EDUCATION

Nominal Roll Student Census Report	2
Annual Certification of Teachers and Curriculum	6
Provincial-territorial Educational Services Report	8
School Evaluation Report	8

For an overview of the Education programs and data collection exercises, as well as for definitions of data elements, please refer to 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

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 Inuktituk
 - 9 Inuktituk and French
 - 10 Inuktituk and English
 - 11 Inuktituk, 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.

See the user codes and notes. Complete form using black ink.
 Voir les codes et notes. Remplir le formulaire à l'encre noire.

NOMINAL ROLL STUDENT CENSUS
 RENSEIGNEMENTS GÉNÉRAUX SUR LES ÉLÈVES (FORMULAIRE)

Page No. _____
 Total number of pages _____

School Name (Nom de l'école) _____		School Code (Code de l'école) _____	District Code (Code du district) _____	School Type (Type d'école) _____
School Address (Adresse de l'école) _____		School Phone Number (Numéro de téléphone de l'école) _____	School Fax Number (Numéro de télécopieur de l'école) _____	School Email Address (Adresse courriel de l'école) _____

STUDENT INFORMATION (RENSEIGNEMENTS SUR L'ÉLÈVE)				SCHOOL INFORMATION (RENSEIGNEMENTS SUR L'ÉCOLE)		STUDENT STATUS (STATUT DE L'ÉLÈVE)												Date of Birth (Date de naissance)	Date of Arrival (Date d'arrivée)	Reason for Leaving (Raison du départ)
Student ID Number (Numéro d'identification de l'élève)	Student Name (Nom de l'élève)	Student Address (Adresse de l'élève)	Student Phone Number (Numéro de téléphone de l'élève)	School Name (Nom de l'école)	School Code (Code de l'école)	Enrolled (Inscrit)	Full-time (À temps plein)	Part-time (À temps partiel)	Newcomer (Nouveaux arrivants)	Native (Autochtone)	Immigrant (Immigré)	Refugee (Réfugié)	Temporary (Temporaire)	Permanent (Permanent)	Special Education (Éducation spécialisée)	Gifted (Génie)	Homeless (Sans domicile fixe)	Homeless (Sans domicile fixe)	Homeless (Sans domicile fixe)	

Example

Summary of Enrollment (Résumé de l'inscription)	Enrolled (Inscrit)	Full-time (À temps plein)	Part-time (À temps partiel)	Summary by Education (Résumé par niveau d'éducation)	ESL (Enseignement de langue seconde)	Gifted (Génie)	Homeless (Sans domicile fixe)	Homeless (Sans domicile fixe)	Homeless (Sans domicile fixe)

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

COVERAGE:
Indian, Inland Non-Indian students residing on reserves and Crown land. It includes any kind of education as well as those from the Department of Indian Affairs and Northern Development as reported on the Nominal Roll.
- the computer or manual information on a student recorded last year from year's school
- the going form records all new students

RESPONSIBILITY:
The Indian Affairs Education District Regional Office will determine the form information to be completed by the principal in the District Region. For all other education the completion and verification of the information reported. This form is to be completed if the student is not a member of the Indian Affairs Education District Regional Office.

PORTÉE:
Indiens, Inland Non-Indiens résidents des réserves et sur les terres de la Couronne, de toute sorte d'éducation d'origine indienne du Ministère des Affaires Indiennes et du Nord canadien telles qu'inscrits sur la liste nominative.
- L'année dernière: l'information sur les élèves inscrits à votre école l'année dernière.
- Le formulaire de responsabilité: renseigner les nouveaux élèves.

RESPONSABILITÉ:
Le bureau de district ou de la région des services d'éducation des Affaires Indiennes déterminera qui doit compléter le formulaire dans l'arrondissement. Pour tous les autres enseignements la complétion et la vérification de l'information rapportée. Ce formulaire doit être rempli si l'élève n'est pas un membre de l'office régional des Affaires Indiennes de la région.

1. DATE OF BIRTH (e.g. January 3, 1978)

Year '78	Month 01	Day 08
----------	----------	--------

2. STATUS CODE

1 Registered Indian Deceased or Crown Land Indian	2 Other (Previously A-F Students) (R)
3 Children of government employees (R)	4 Indian not yet registered but claims private status
5	6 Registered Indian (R)

3. SEX

M Male	F Female
--------	----------

4. GRADE

NA Junior Kindergarten	ND Senior Kindergarten
PK Pre-K	1-12 All others

5. RESIDENCE

Parents or guardian's residence, ordinarily living on reserve

1 On Reserve	3 Other (Not local Census)
2 On Crown Land	4 Off Reserve

6. ACCOMMODATION

Type of accommodation provided to student for which the grade or the program is not offered in the school or for which special classes are a major, or in case of other type:

1 No accommodation provided	2 Rooms and board/private home placement
3 Boarding school	4 Student residence
5 Group home	6 Rooms and board (5 days)
7 Trip and (2 weeks)	

7. DISTRICT OF FINANCIAL RESPONSIBILITY

Region or District which is funding the student's education.

8. TRANSPORTATION: REGULAR

1 Transported daily by school bus	2 Transported daily by other means (e.g. taxi, wheelchair, etc.)
3 Transported by public transit	4 No service provided

9. TRANSPORTATION: OTHER

1 Seasonal transportation for student requiring accommodation	2 Special transportation for disabled
3 Non-habitual transportation	4 Unusual transportation for student requiring accommodation (3 days)
5 No service provided	

10. SPECIAL EDUCATION - HIGH COST

1 Other social need student	2 Hearing and sight impaired
3 Physically challenged	4 No service provided

11. LANGUAGE(S) SPOKEN ON SCHOOL ENTRY

1 Indian	2 English	3 French	4 Indian and English
5 Indian and French	6 Indian, English and French	7 English and French	8 Inuktitut
9 Inuktitut and French	10 Inuktitut and English	11 Inuktitut, English and French	

12. LANGUAGE(S) OF INSTRUCTION

1 Indian	2 English	3 French	4 Indian and English
5 Indian, French and English	6 English and French	7 Inuktitut	8 Inuktitut and French
9 Inuktitut and English	10 Inuktitut, French and English		

13. EXTENT OF INDIAN LANGUAGE INSTRUCTION

1 Not used	2 Medium or Intensive	3 - High level or more	4 - Low level high frequency
5 Taught in subject only	6 Subject and personal studies	7 Subject and full-time studies	

14. PERCENTAGE (%) OF INDIAN LANGUAGE INSTRUCTION IN SCHOOL

1 0	2 1 to 25	3 26 to 50	4 51 to 75	5 76 to 100
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15. BAND OF FINANCIAL RESPONSIBILITY

Provide number of the band, tribal council or education authority that is financially responsible for the education of the student, or would become responsible when the program is transferred.

16. BAND OF RESIDENCE

Provide number of the band on which the student currently resides.

17. RESERVE OF RESIDENCE

Provide number of the reserve on which the student originally resides. (Only reserve allowed).

NOT APPLICABLE ON DURING POINT OF NEW STUDENTS

SCHOOL LEAVERS

REASON FOR LEAVING SCHOOL

1 Expelled	2 Transferred to another school	3 Withdrawn	4 Moved off reserve	5 Deceased
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DESTINATION OF SCHOOL LEAVERS

1 Still in school	2 Occupational dist	3 Post-secondary education	4 Employed	5 Unemployed	6 Involuntarily laid-off/terminated
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2. CODE DE STATUT

1 Indiens enregistrés dans la réserve ou sur les terres de la Couronne	2 Autre (Anciennement A-F) (R)
3 Enfants d'employés du gouvernement (R)	4 Indien non enregistré mais qui réclame un statut privé
5	6 Indien enregistré (R)

3. SEXE

M Masculin	F Féminin
------------	-----------

4. NIVEAU SCOLAIRE

NA Prématernelle	ND Maternelle
PK Pré-1	1-12 Tous les autres

5. RÉSIDENCE

À domicile du parent ou du gardien, vivant ordinairement sur la réserve

1 Domicile sur réserve	3 Adresse temporaire de domicile
2 Sur les terres de la Couronne	4 À l'extérieur de la réserve

6. LOGEMENT

Logement fourni à l'élève dans la mesure où le programme n'est pas offert à l'école régulière ou à l'école de réserve; logement fourni à cause d'une absence spéciale d'école; logement fourni pour servir à la propulsion de l'élève.

1 Aucun logement fourni	2 Logement de logement temporaire ad hoc
3 Résidence	4 Foyer scolaire
5 Foyer collectif	6 Résidence et logement (3 jours)
7 Autres types d'hébergement	

7. DISTRICT DE RESPONSABILITÉ FINANCIÈRE

La région ou le district ayant la responsabilité financière pour l'éducation de l'élève.

8. TRANSPORT: RÉGULIER

1 Transport quotidien par autobus scolaire	2 Transport quotidien par d'autres moyens (taxi, taxi, etc.)
3 Transport public	4 Pas de service

9. TRANSPORT: AUTRE

1 Transport saisonnier pour l'élève nécessitant un logement	2 Transport spécial pour les handicapés
3 Transport de nuit	4 Transport de fin de semaine pour l'élève nécessitant un logement (3 jours)
5 Pas de service	

10. ÉDUCATION SPÉCIALISÉE - COÛT SUPPLÉMENTAIRE

1 Autres besoins médicaux	2 Services médicaux autres qu'orthodontologie
3 Handicapés orthodontologie	4 Pas de service

11. LANGUE(S) PARLÉE(S) AU MOMENT DE L'INSCRIPTION

1 Indien	2 Anglais	3 Français	4 Indien et anglais
5 Indien et français	6 Indien, anglais et français	7 Anglais et français	8 Inuktitut
9 Inuktitut et français	10 Inuktitut et anglais	11 Inuktitut, anglais et français	

12. LANGUE(S) D'ENSEIGNEMENT

1 Indien	2 Anglais	3 Français	4 Indien et anglais
5 Indien et français	6 Indien, anglais et français	7 Anglais et français	8 Inuktitut
9 Inuktitut et français	10 Inuktitut et anglais	11 Inuktitut, anglais et français	

13. DEGRÉ D'ENSEIGNEMENT DE LA LANGUE INDIENNE

1 Pas d'enseignement	2 Langue enseignée	3 - plus de la moitié de temps	4 - moitié de la moitié de temps	5 Moins de la moitié de temps	6 Moins de la moitié de temps d'enseignement	7 Moins de la moitié de temps d'enseignement
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14. POURCENTAGE (%) D'ENSEIGNEMENT DE LA LANGUE INDIENNE À L'ÉCOLE

1 0	2 1 à 25	3 26 à 50	4 51 à 75	5 76 à 100
-----	----------	-----------	-----------	------------

15. BANDE FINANCIÈREMENT RESPONSABLE

Indiquer le numéro de la bande, du conseil tribal ou du conseil d'éducation responsable de l'éducation de l'élève, ou qui deviendrait responsable lorsque le programme sera transféré.

16. BANDE DE RÉSIDENCE

Indiquer le numéro de la bande où l'élève demeure actuellement.

17. RÉSERVE DE RÉSIDENCE

Indiquer le numéro de la réserve sur laquelle l'élève demeure originellement. (Numéro de bande TRP).

NE S'APPLIQUE PLUS AU COMMUNICATEUR DE COORDINATION DES NOUVEAUX ÉLÈVES

RAISON DU DÉPART

ÉLÈVES QUI ONT QUITTÉ L'ÉCOLE

1 Démission	2 Transféré à une autre école	3 Absentéisme	4 Déménagement hors réserve	5 Décès de l'élève
-------------	-------------------------------	---------------	-----------------------------	--------------------

DESTINATION DE CEUX QUI QUITTENT L'ÉCOLE

1 Toujours à l'école	2 Formation pratique	3 Études postsecondaires	4 Travail	5 Non tenu compte	6 Autres renseignements
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ELEMENTARY-SECONDARY EDUCATION

ANNUAL CERTIFICATION OF TEACHERS AND CURRICULUM

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:

TPMS RR CODE: 0023

ELEMENTARY-SECONDARY EDUCATION

PROVINCIAL-TERRITORIAL EDUCATIONAL SERVICES REPORT

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.

PROVINCIAL-TERRITORIAL EDUCATIONAL SERVICES REPORT

Contact DIAND regional office.

TPMS RR CODE: 0024

SCHOOL EVALUATION REPORT

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.

SCHOOL EVALUATION REPORT

Contact DIAND regional office.

TPMS RR CODE: 0021

POST-SECONDARY EDUCATION (PSE)

Register of Post-Secondary Education Students	2
Post-Secondary Education: Program Codes Table	4
Post-Secondary Education: Qualification Sought Code Table	5
Register of Post-Secondary Education Graduates/ Summary Total of Post-Secondary Education-funded Students	6
Indian Studies Support Program (ISSP)	8

For an overview of the Post-Secondary Education program and data collection exercise, as well as for definitions of data elements, please refer to Volume II: Reference, Tab E.

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

POST-SECONDARY EDUCATION

REGISTER OF PSE STUDENTS

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 detailed INSTRUCTIONS on the information to be provided.

INSTRUCTIONS

- < Insert the school 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 or indicate "I" for Inuit or "In" for Innu Students, date of birth, gender, and the full name for each student.
- < Provide the name and code of the institution where the student is in attendance.
- < Indicate if student is UCEP (University or College Entry Program)
- < Indicate the major area of study the student is enrolled in (refer to page 4) and the qualification sought (refer to page 5).
- < Show in years, the year of study in which the student is presently enrolled. It cannot exceed the number of years in the Length of the program.
- < Show the length of the program by filling in the number of years. Not to exceed 5 years.
- < Show with the letter **F** for full-time attendance student and with the letter **P** for part-time attendance student
- < Sign and date the form when completed.

REGISTER OF POST-SECONDARY STUDENTS IN ATTENDANCE AS OF NOVEMBER 1, 2002

NAME of Administering Organization:								NUMBER of Administering Organization:					
Indian Registry Number or check Inuit, Innu			Student Full Name		Date of Birth yyyy/mm/dd	Sex	Attendance	Name and No./Code of PSE Institution	Qualification Sought (circle one)	Major Area of Study	Current Year of Study (circle one)	Length of Program in Years	Is this a UCEP Student? (University/ College Entry Program)
Band Number	Family Number	Family Position	SURNAME	GIVEN NAME & INITIAL					1 2 3 4		1 2 3 4 5		Yes ~ No ~
_____						M ~ Full-time ~ F ~ Part-time ~	PSEI NAME:		1 2 3 4		1 2 3 4 5		Yes ~ No ~
_____						M ~ Full-time ~ F ~ Part-time ~	PSEI NAME:		1 2 3 4		1 2 3 4 5		Yes ~ No ~
_____						M ~ Full-time ~ F ~ Part-time ~	PSEI NAME:		1 2 3 4		1 2 3 4 5		Yes ~ No ~
_____						M ~ Full-time ~ F ~ Part-time ~	PSEI NAME:		1 2 3 4		1 2 3 4 5		Yes ~ No ~
_____						M ~ Full-time ~ F ~ Part-time ~	PSEI NAME:		1 2 3 4		1 2 3 4 5		Yes ~ No ~
_____						M ~ Full-time ~ F ~ Part-time ~	PSEI NAME:		1 2 3 4		1 2 3 4 5		Yes ~ No ~
_____						M ~ Full-time ~ F ~ Part-time ~	PSEI NAME:		1 2 3 4		1 2 3 4 5		Yes ~ No ~
_____						M ~ Full-time ~ F ~ Part-time ~	PSEI NAME:		1 2 3 4		1 2 3 4 5		Yes ~ No ~
										← Enter 0 if less than 1 year →			
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 PSE GRADUATES / SUMMARY TOTAL OF PSE FUNDED STUDENTS

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

INSTRUCTIONS:

- < Insert the school year for which the report is being filed, and the name and number of the administering First Nations band.
- < List detailed student information, including Indian Registry Number, full name, date of birth and gender, number of institution, the major area of study, the qualification sought, the length of program and the attendance on all students who have graduated in the past year.
- < Provide the actual number of post-secondary students funded for the past year.
- < Sign and date the form when completed.

REGISTER OF PSE GRADUATES/ SUMMARY TOTAL OF PSE FUNDED STUDENTS FOR THE YEAR _____

NAME of Administering Organization:							NUMBER of Administering Organization:						
Indian Registry Number or check Inuit, Innu			Student Full Name		Date of Birth yyyy/mm/dd	Sex	Attendance	Name and No./Code of PSE Institution	Qualification Sought (circle one)	Major Area of Study	Current Year of Study (circle one)	Length of Program in Years	Is this a UCEP Student? (University/ College Entry Program)
Band Number	Family Number	Family Position	SURNAME	GIVEN NAME & INITIAL		M ~ F ~	Full-time ~ Part-time ~	PSEI NAME: PSEI NUMBER:	1 2 3 4		1 2 3 4 5		Yes ~ No ~
 or Inuit ~ Innu ~						M ~ F ~	Full-time ~ Part-time ~	PSEI NAME: PSEI NUMBER:	1 2 3 4		1 2 3 4 5		Yes ~ No ~
 or Inuit ~ Innu ~						M ~ F ~	Full-time ~ Part-time ~	PSEI NAME: PSEI NUMBER:	1 2 3 4		1 2 3 4 5		Yes ~ No ~
 or Inuit ~ Innu ~						M ~ F ~	Full-time ~ Part-time ~	PSEI NAME: PSEI NUMBER:	1 2 3 4		1 2 3 4 5		Yes ~ No ~
 or Inuit ~ Innu ~						M ~ F ~	Full-time ~ Part-time ~	PSEI NAME: PSEI NUMBER:	1 2 3 4		1 2 3 4 5		Yes ~ No ~
 or Inuit ~ Innu ~						M ~ F ~	Full-time ~ Part-time ~	PSEI NAME: PSEI NUMBER:	1 2 3 4		1 2 3 4 5		Yes ~ No ~
 or Inuit ~ Innu ~						M ~ F ~	Full-time ~ Part-time ~	PSEI NAME: PSEI NUMBER:	1 2 3 4		1 2 3 4 5		Yes ~ No ~
Non-University (1) Undergraduate (2) Graduate (3) Not seeking a qualification (4)									Enter 0 if less than 1 year				
SUMMARY TOTAL OF PSE STUDENTS FUNDED DURING 2002-2003:													
PREPARED BY:								DATE:					

POST-SECONDARY EDUCATION

INDIAN STUDIES SUPPORT PROGRAM (ISSP)

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

INSTRUCTIONS

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

INDIAN STUDIES SUPPORT PROGRAM (ISSP)

*Narrative Report. Contact DIAND regional office

TPMS RR CODE: 0033

CULTURAL EDUCATION

CULTURAL EDUCATION ANNUAL ACTIVITY REPORT

Contact your DIAND regional office for requirements and 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 2002-2003, Volume II: Reference, Tab E. For further information regarding this program, please contact your nearest DIAND regional office (See Tab A of this volume).

Cultural Education Annual Activity Report
***Narrative Report. Contact DIAND Regional Office**

TPMS RR CODE: 0025

GATHERING STRENGTH – EDUCATION REFORM

EVALUATION REPORT

DUE DATE: Sections 1 through 10, due annually on October 31, for the current school year; revised section 10 and section 11 and any changes that occur in sections 1 through 9, due July 31, for the completed school year.

INSTRUCTIONS

Section 1: Fill in the name and address of the group receiving funding.

Section 2: Fill in the date the form is completed.

Section 3: Fill in the name of the project.

Section 4: Fill in the name, phone number and e-mail address of the person most familiar with the project.

Section 5: List the project goals and objectives. The goals and objectives are the expected results or achievements toward which the project is aimed.

Section 6: Indicate, with a check mark in the appropriate box, the main targeted clientele by this project.

Section 7: Indicate, with a check mark in the appropriate box, the main Education reform priority targeted by this project.

Section 8: Indicate, with a check mark in the appropriate box, the type of project. *Direct services provided to students* refer to projects in which students are directly involved in the activities or benefit directly from the services. Indicate, below the number of hours of services provided during the school year. For example, an Homework Club offering one hour of support twice a week to students for 9 months will represent 72 hours. *Development or enhancement of organizational capacity to deliver services* refer to projects that provide tools or skills to the organization or its member to increase or improve the services. Indicate below, the life time impact in months. For example, a new curriculum is developed for mother tongue language instruction in Grade 1, once developed the project life time (in this example the curriculum) will have a life time of about 5 years or 60 months.

Section 9: List the names of the partners involved in the development and delivery of the project.

Section 10: For the initial report, fill in the amount planned to be spent on the project. For the final report, fill in the amount actually spent on the project.

Section 11: To be completed in the Final Evaluation Report at the end of the project for the current school year. Indicate, by circling the answer, if the project attained its goals and objectives. Justify by describing briefly why and provide examples of activities to support your answer.

GATHERING STRENGTH – EDUCATION REFORM EVALUATION REPORT

Check one:

- ' Initial Report
- ' Final Report

1. Funding Recipient:	2. Date:
-----------------------	----------

3. Project Name:

4. Name of Contact Person, Phone Number and E-mail Address:

5. Project Goals and Objectives:

6. Target Clientele. Check the appropriate category.									
<table style="width: 100%; border: none;"><tr><td style="width: 33%; border: none;">' Students in Grade 1 to 6</td><td style="width: 33%; border: none;">' Professional Staff</td><td style="width: 33%; border: none;">' Parents</td></tr><tr><td style="border: none;">' Students in Grade 7 to 10</td><td style="border: none;">' Teaching Staff</td><td style="border: none;">' Management</td></tr><tr><td style="border: none;">' Students in Grade 11 and up</td><td colspan="2" style="border: none;">' Other, specify _____</td></tr></table>	' Students in Grade 1 to 6	' Professional Staff	' Parents	' Students in Grade 7 to 10	' Teaching Staff	' Management	' Students in Grade 11 and up	' Other, specify _____	
' Students in Grade 1 to 6	' Professional Staff	' Parents							
' Students in Grade 7 to 10	' Teaching Staff	' Management							
' Students in Grade 11 and up	' Other, specify _____								

7. Which Gathering Strength Education Reform priority is mainly targeted by this project?				
<table style="width: 100%; border: none;"><tr><td style="width: 25%; border: none;">' Strengthening management and governance capacity</td><td style="width: 25%; border: none;">' Improving the quality of instruction</td><td style="width: 25%; border: none;">' Increasing parental and community involvement in education</td><td style="width: 25%; border: none;">' Aiding the School-to-Work transition</td></tr></table>	' Strengthening management and governance capacity	' Improving the quality of instruction	' Increasing parental and community involvement in education	' Aiding the School-to-Work transition
' Strengthening management and governance capacity	' Improving the quality of instruction	' Increasing parental and community involvement in education	' Aiding the School-to-Work transition	

8. What type of project is it and what is its duration?									
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">' Direct services provided to students</td><td style="width: 10%; border: none; text-align: center;">or</td><td style="width: 40%; border: none;">' Development or enhancement of organizational capacity to deliver services</td></tr><tr><td style="text-align: center; border: none;">9</td><td></td><td style="text-align: center; border: none;">9</td></tr><tr><td style="border: none;">Indicate the number of hours of services provided during the school year:</td><td></td><td style="border: none;">Indicate the project life time impact on the organization (in months):</td></tr></table>	' Direct services provided to students	or	' Development or enhancement of organizational capacity to deliver services	9		9	Indicate the number of hours of services provided during the school year:		Indicate the project life time impact on the organization (in months):
' Direct services provided to students	or	' Development or enhancement of organizational capacity to deliver services							
9		9							
Indicate the number of hours of services provided during the school year:		Indicate the project life time impact on the organization (in months):							

9. Who are your partners in the delivery of this project?

10. How much has been invested in the project to date? \$ _____

11. Were the goals and objectives achieved? Circle your answer. YES NO

Justify and provide examples of activities that substantiate your answer. Use a separate sheet if necessary.

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

Evaluation Report: Science and Technology Camp Program	2
Evaluation Report: Summer Student Career Placement Program	6
Evaluation Report: First Nations Schools Co-operative Education Program	10
Evaluation Report: Work Experience Program	14
Participant Evaluation Form	18

What's New

Final Report Forms for all programs under the FNIYES have a new look. They have been designed in word-processing format in an effort to make them more user friendly. The sections on age and educational levels have been grouped rather than asking for individual ages and grades. New Reporting Requirements include:

1. Number of participants with disabilities. DIAND must report this to Human Resources Development Canada (HRDC), the lead department for the federal Youth Employment Strategy.
2. What do participants do after completing the program: do they find work? do they return to school? DIAND must report on the post-program activities of youth participants to ensure this program continues to be funded.

Although not required, a Participant Evaluation Form has also been included for all of the FNIYES programs. It has been developed in an effort to determine whether FNIYES programs are meeting participant needs. Participant's comments are critical to the design of the program.

For an overview of the First Nations and Inuit Youth Employment Strategy and data collection exercise, as well as for definitions of data elements, please refer to Volume II: Reference, Tab E.

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

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

EVALUATION REPORT: SCIENCE AND TECHNOLOGY CAMP PROGRAM

Due Date

Groups who receive funding under this program must submit a Evaluation Report to the appropriate DIAND regional office, or the appropriate Aboriginal administering organization no later than:

- ! September 15, 2002 for camps that ended during the summer; and
- ! March 31, 2003 for camps that operated during the 2002/03 school year.

Instructions

An Evaluation Report consists of a two-page report, in the format provided here, plus any relevant attachments such as Participant Evaluation Forms completed by youth and photos with signed consent forms. Sample Participant Evaluation Forms are provided at the end of this section, and are also available at your DIAND regional office.

Project Coordinators are free to submit the forms in one of two formats: hard copy (on paper) or in electronic format using a word-processing file. The paper-based forms and word-processing files are identical and are available at your DIAND regional office.

- T** **Fiscal Year** – fill out the year for which the report is being made.
- T** **Name of First Nation/ Community/ Organization** – Fill in the name of the group receiving funding.
- T** **Address/ Telephone/ Fax/ Email** – Fill in the address, telephone number, fax number and email address, if any, of the group receiving funding.
- T** **Contact Person** – Insert the name of the person most familiar with the project.
- T** **Description of Program Activities** – Write one paragraph that describes the camp activities in which the youth participated.
- T** **What skills did participants learn?** List the skills youth learned while participating in the program.
- T** **Comments/ Stories from Participants** – Please attach success stories written by at least two youth participants, describing their experiences and the benefits of participating in the program. Such stories are highlighted each year in DIAND's First Nations and Inuit Youth Employment Strategy Annual Report. We also encourage you to attach copies of Participant Evaluation Forms completed by participants.

Science & Technology Camp Program
Evaluation Report

Fiscal Year 20__ - 20__

Name of First Nation/ Community/ Organization:	Contact Person:
Address:	Telephone:
	Fax:
	Email:

Description of Program Activities *(attach separate sheets if necessary)*

What skills did participants learn? *(attach separate sheets if necessary)*

Please provide comments/ stories from at least two participants, outlining the benefits of participating in the program *(attach separate sheets if necessary)*.

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

EVALUATION REPORT:

SCIENCE AND TECHNOLOGY CAMP PROGRAM - page 2

Instructions

- T **Fiscal Year** – Fill out the year for which the report is being made.
- T **Total Number of Participants** -- Enter the total number of young people who participated in camps.
- T **Total Number of Female Participants** – Enter the total number of females who participated in camps.
- T **Total Number of Male Participants** – Enter the total number of males who participated in the camps.
- T **Total Number of Participants with Disabilities** – Enter the total number of youth with disabilities who participated in the program.
- T **Age of Participants** -- Fill in the total number of participants who fall within each age category.
- T **Education Level of Participants** -- Fill in the total number of participants who fall within each education category.
- T **Financial Information** -- Fill in the total amount spent on the program and the contribution received from DIAND.
- T **Feedback and Recommendations** – Suggest any changes that DIAND could make to improve the Science and Technology Camp Program, improvements that your organization might make to your science camp if you chose to offer it again and any other comments. If you have written a more detailed formal report about your project, please attach it to the Evaluation Report.
- T Please sign and date the completed form.

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

EVALUATION REPORT: SUMMER STUDENT CAREER PLACEMENT PROGRAM

Due Date

Groups who receive funding under this program must submit an Evaluation Report to the appropriate DIAND regional office, or the appropriate Aboriginal administering organization no later than September 15, 2002.

Instructions

An Evaluation Report consists of a two-page report, in the format provided here, plus any relevant attachments such as Participant Evaluation Forms completed by participants and photos with signed consent forms. Sample Participant Evaluation Forms are provided at the end of this section, and are also available at your DIAND regional office.

Project Coordinators are free to submit the forms in one of two formats: hard copy (on paper) or in electronic format using a word-processing file. The paper-based forms and word-processing files are identical and are available at your DIAND regional office.

- T** **Fiscal Year** – Fill out the year for which the report is being made.
- T** **Name of First Nation/ Community/ Organization** – Fill in the name of the group receiving funding.
- T** **Address/ Telephone/ Fax/ Email** – Fill in the address, telephone number, fax number and email address, if any, of the group receiving funding.
- T** **Contact Person** – Insert the name of the person most familiar with the project.
- T** **Description of Program Activities** – Write one paragraph that describes the career-related employment activities in which the youth participated.
- T** **Total Number of Organizational/ Business Partners** – Fill in the total number of organizations and/ or businesses that supported the program through providing summer student placements for youth. If organization or businesses does not fit into one of the categories listed here, count them into the “Other Non-profit” category.
- T** **What skills did participants learn?** List the skills youth learned while participating in the program.
- T** **Comments/ Stories from Participants** – Please attach success stories written by at least two youth participants, describing their experiences and the benefits of participating in the program. Such stories are highlighted each year in DIAND’s First Nations and Inuit Youth Employment Strategy Annual Report. We also encourage you to attach copies of Participant Evaluation Forms completed by participants.

**Summer Student Career Placement Program
Evaluation Report**

Fiscal Year 20__ - 20__

Name of First Nation/ Community/ Organization:	Contact Person:
Address:	Telephone:
	Fax:
	Email:

Description of Program Activities *(attach separate sheets if necessary)*

Total Number of Organizational/ Business Partners:	Band/ Hamlet	Private Sector	Other Non-profit	Government

What skills did participants learn? *(attach separate sheets if necessary)*

Please provide comments/ stories from at least two participants, outlining the benefits of participating in the program *(attach separate sheets if necessary).*

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

EVALUATION REPORT: SUMMER STUDENT CAREER PLACEMENT PROGRAM - page 2

Instructions

- T **Fiscal Year** – Fill out the year for which the report is being made.
- T **Total Number of Participants** -- Enter the total number of young people who participated in camps.
- T **Total Number of Female Participants** – Enter the total number of females who participated in camps.
- T **Total Number of Male Participants** – Enter the total number of males who participated in the camps.
- T **Total Number of Participants with Disabilities** – Enter the total number of youth with disabilities who participated in the program.
- T **Age of Participants** -- Fill in the total number of participants who fall within each age category.
- T **Education Level of Participants** -- Fill in the total number of participants who fall within each education category.
- T **Financial Information** -- Fill in the total amount spent on the program, the contribution received from DIAND and the total amount spent to support access for disabled participants. A maximum of \$3000 is available to support for disabled youth.
- T **Feedback and Recommendations** – Suggest any changes that DIAND could make to improve the Summer Student Career Placement Program, improvements that your organization might make to your placement program if you chose to offer it again and any other comments. If you have written a more detailed formal report about your project, please attach it to the Evaluation Report.
- T Please sign and date the completed form.

Summer Student Career Placement Program
Evaluation Report

Fiscal Year 20__ - 20__

1. Total number of participants	
2. Total number of female participants	
3. Total number of male participants	
4. Total number of participants with disabilities	

1. Total number of participants aged:	5 - 9	10 - 14	15 - 19	20 - 24

2. Total number of participants in elementary school	
3. Total number of participants in secondary school	

1. Total amount spent on program	\$
2. Total contribution from DIAND	\$
3. Total amount spent to support access for disabled participants	\$

Feedback and Recommendations (*attach separate sheets if necessary*)

Prepared by:	Title:
Signature:	Date:

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

EVALUATION REPORT: FIRST NATIONS SCHOOLS CO-OPERATIVE EDUCATION PROGRAM

Due Date

Groups who receive funding under this program must submit an Evaluation Report to the appropriate DIAND regional office, or the appropriate Aboriginal administering organization no later than March 31, 2003.

Instructions

An Evaluation Report consists of a two-page report, in the format provided here, plus any relevant attachments such as Participant Evaluation Forms completed by participants and photos with signed consent forms. Sample Participant Evaluation Forms are provided at the end of this section, and are also available at your DIAND regional office.

Project Coordinators are free to submit the forms in one of two formats: hard copy (on paper) or in electronic format using a word-processing file. The paper-based forms and word-processing files are identical and are available at your DIAND regional office.

- T** ***Fiscal Year*** – Fill out the year for which the report is being made.
- T** ***Name of First Nation and School*** – Fill in the name of the First Nation receiving funding and the school at which the program is taking place.
- T** ***Address/ Telephone/ Fax/ Email*** – Fill in the address, telephone number, fax number and email address, if any, of the group receiving funding.
- T** ***Contact Person*** – Insert the name of the person most familiar with the project.
- T** ***Description of Program Activities*** – Write one paragraph that describes the employment related activities in which the youth participated.
- T** ***Total Number of Organizational/ Business Partners*** – Fill in the total number of organizations and/ or businesses that supported the program through providing summer student placements for youth. If organization or businesses does not fit into one of the categories listed here, count them into the “Other Non-profit” category.
- T** ***What skills did participants learn?*** List the skills youth learned while participating in the program.
- T** ***Comments/ Stories from Participants*** – Please attach success stories written by at least two youth participants, describing their experiences and the benefits of participating in the program. Such stories are highlighted each year in DIAND’s First Nations and Inuit Youth Employment Strategy Annual Report. We also encourage you to attach copies of Participant Evaluation Forms completed by participants.

**First Nations Schools Cooperative Education Program
Evaluation Report
Fiscal Year 20__ - 20 __**

Name of First Nation and School:	Contact Person:
Address:	Telephone:
	Fax:
	Email:

Description of Program Activities *(attach separate sheets if necessary)*

Total Number of Organizational/ Business Partners:	Private Sector	Other Non- profit	Government

What skills did participants learn? *(attach separate sheets if necessary)*

Please provide comments/ stories from at least two participants, outlining the benefits of participating in the program *(attach separate sheets if necessary).*

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

CO-OPERATIVE EDUCATION PROGRAM FINAL REPORT - page 2

Instructions

- T** **Fiscal Year** – Fill out the year for which the report is being made.
- T** **Total Number of Participants** -- Enter the total number of young people who participated in camps.
- T** **Total Number of Female Participants** – Enter the total number of females who participated in camps.
- T** **Total Number of Male Participants** – Enter the total number of males who participated in the camps.
- T** **Total Number of Participants with Disabilities** – Enter the total number of youth with disabilities who participated in the program.
- T** **Age of Participants** -- Fill in the total number of participants who fall within each age category.
- T** **Education Level of Participants** -- Fill in the total number of participants who fall within each education category.
- T** **Post- program Activities** – Enter the total number of participants who, at the end of the program, planned to return to school or another education program, had found full-time employment, had found part-time employment and were planning to look for work.
- T** **Financial Information** -- Fill in the total amount spent on the program and the contribution received from DIAND.
- T** **Feedback and Recommendations** – Suggest any changes that DIAND could make to improve the Cooperative Education Program, improvements that your organization might make to your science camp if you chose to offer the program again and any other comments. If you have written a more detailed formal report about your project, please attach it to the Final Report.
- T** Please sign and date the completed form.

**First Nations Schools Cooperative Education Program
Evaluation Report
Fiscal Year 20__ - 20 __**

1. Total number of students	
2. Total number of female students	
3. Total number of male students	
4. Total number of students with disabilities	
5. Total number of students who completed the program	

1. Total number of students aged:	14 & under	15 - 19	20 & over
--	------------	---------	-----------

2. Total number of students in elementary school	
3. Total number of students in secondary school	

After the program:	How many participants plan to return to school/ education?	
	How many participants have secured full-time employment?	
	How many participants have secured part-time employment?	
	How many participants will be seeking employment?	

1. Total amount spent on program	\$
2. Total contribution from DIAND	\$

Feedback and Recommendations (attach separate sheets if necessary)

Prepared by:	Title:
Signature:	Date:

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

EVALUATION REPORT: WORK EXPERIENCE PROGRAM

Due Date

Groups who receive funding under this program must submit an Evaluation Report to the appropriate DIAND regional office, or the appropriate Aboriginal administering organization no later than March 31, 2003.

Instructions

An Evaluation Report consists of a two-page report, in the format provided here, plus any relevant attachments such as Participant Evaluation Forms completed by participants and photos with signed consent forms. Sample Participant Evaluation Forms are provided at the end of this section, and are also available at your DIAND regional office.

Project Coordinators are free to submit the forms in one of two formats: hard copy (on paper) or in electronic format using a word-processing file. The paper-based forms and word-processing files are identical and are available at your DIAND regional office.

- T** ***Fiscal Year*** – Fill out the year for which the report is being made.
- T** ***Name of First Nation/ Community/ Organization*** – Fill in the name of the group receiving funding.
- T** ***Address/ Telephone/ Fax/ Email*** – Fill in the address, telephone number, fax number and email address, if any, of the group receiving funding.
- T** ***Contact Person*** – Insert the name of the person most familiar with the project.
- T** ***Description of Program Activities*** – Write one paragraph that describes the career-related employment activities in which the youth participated.
- T** ***Total Number of Organizational/ Business Partners*** – Fill in the total number of organizations and/ or businesses that supported the program through providing work experience placements for youth. If organization or businesses does not fit into one of the categories listed here, count them into the “Other Non-profit” category.
- T** ***What skills did participants learn?*** List the skills youth learned while participating in the program.
- T** ***Comments/ Stories from Participants*** – Please attach success stories written by at least two youth participants, describing their experiences and the benefits of participating in the program. Such stories are highlighted each year in DIAND’s First Nations and Inuit Youth Employment Strategy Annual Report. We also encourage you to attach copies of Participant Evaluation Forms completed by participants.

**Work Experience Program
Evaluation Report
Fiscal Year 20__ - 20__**

Name of First Nation/ Community/ Organization:	Contact Person:
Address:	Telephone:
	Fax:
	Email:

Description of Program Activities (*attach separate sheets if necessary*)

Total Number of Organizational / Business Partners:	Band/ Hamlet	Private Sector	Other Non- profit	Government

What skills did the participants learn? (*attach separate sheets if necessary*)

Please provide comments/ stories from at least two participants, outlining the benefits of participating in the program (*attach separate sheets if necessary*).

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

WORK EXPERIENCE PROGRAM EVALUATION REPORT - page 2

Instructions

- T** **Fiscal Year** – Fill out the year for which the report is being made.
- T** **Total Number of Participants** -- Enter the total number of young people who participated in camps.
- T** **Total Number of Female Participants** – Enter the total number of females who participated in camps.
- T** **Total Number of Male Participants** – Enter the total number of males who participated in the camps.
- T** **Total Number of Participants with Disabilities** – Enter the total number of youth with disabilities who participated in the program.
- T** **Total Number of Participants who completed the program** – Enter the total number of participants who completed the entire program, from beginning to end.
- T** **Age of Participants** -- Fill in the total number of participants who fall within each age category.
- T** **Post- program Activities** – Enter the total number of participants who, at the end of the program, planned to return to school or another education program, had found full-time employment, had found part-time employment and were planning to look for work.
- T** **Financial Information** -- Fill in the total amount spent on the program and the contribution received from DIAND.
- T** **Feedback and Recommendations** – Suggest any changes that DIAND could make to improve the Work Experience Program, improvements that your organization might make to your work experience program if you chose to offer it again and any other comments. If you have written a more detailed formal report about your project, please attach it to the Final Report.
- T** Please sign and date the completed form.

**Work Experience Program
Evaluation Report
Fiscal Year 20__ - 20__**

1. Total number of youth hired	
2. Total number of female participants	
3. Total number of male participants	
4. Total number of participants with disabilities	
5. Total number of participants who completed the program	

1. Total number of participants aged:	15 - 19	20 - 24	25 & over
--	----------------	----------------	----------------------

After the program:	How many participants plan to return to school/ education?	
	How many participants have secured full-time employment?	
	How many participants have secured part-time employment?	
	How many participants will be seeking employment?	

1. Total amount spent on program	\$
2. Total contribution from DIAND	\$

Feedback and Recommendations (attach separate sheets if necessary)

Prepared by:	Title:
Signature:	Date:

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

PARTICIPANT EVALUATION FORM

The following form is a sample Participant Evaluation Form that may be given to participants in any of the FNIYES programs. Participant Evaluation Forms should be completed by youth participants, where appropriate, and copies submitted to your DIAND Regional office along with the Final Report for the program.

This questionnaire has been developed in an effort to determine if the FNIYES programs are meeting your needs. This form is also an important means of collecting information on how the program is impacting First Nations and Inuit youth. Please answer all the questions, as your comments are critical to the design of the program. If you wish to comment on any questions or qualify your answers, please feel free to use the space provided. All comments will be taken into account.

Please check one box for each question that best represents your answer.

1. What is your approximate age?

<input type="checkbox"/>	9 and younger
<input type="checkbox"/>	10 - 14
<input type="checkbox"/>	15 -19
<input type="checkbox"/>	20 - 24
<input type="checkbox"/>	25 - 29
<input type="checkbox"/>	30 and older

2. Please indicate your level of education.

<input type="checkbox"/>	Elementary
<input type="checkbox"/>	Secondary
<input type="checkbox"/>	Post Secondary

3. How did you come to know about the program?

<input type="checkbox"/>	Community Newspaper
<input type="checkbox"/>	Friend
<input type="checkbox"/>	Family Member
<input type="checkbox"/>	Band Office

Other? Please Explain.

4. Would you encourage other youth to participate in the program?

	Yes
	No
	Don't know

Please explain your response.

5. What type of skills did you learn in your summer job?

6. Would you say your experience this summer assisted you in being:

	A lot more confident
	More confident
	More or less the same
	Less Confident
	A lot less confident
	Don't know

Please explain your response.

7. Did the experience assist you in your career aspirations?

	Yes
	No
	Don't know

Please explain your response.

8. What did you like most about your placement?

9. What did you like the least about your placement?

10. How satisfied were you with your summer job experience?

Very Satisfied		Satisfied		Not Satisfied
5	4	3	2	1

11. Was the training you received relevant to you?

Very Relevant		Somewhat Relevant		Not Relevant
5	4	3	2	1

12. Would you say that getting a higher education is important to you?

Very Important		Somewhat Important		Not Important
5	4	3	2	1

13. If you could improve the program what would you do?

14. What overall rating would you give to the program?

Excellent					Average					Poor
10	9	8	7	6	5	4	3	2	1	0

Please explain your response.

15. Do you have any other comments you would like to make?

Thank you for taking the time to complete this questionnaire.

Name (optional)

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 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	2
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	16
Community Social Services Projects Annual Report	18
Day Care Facilities/Head Start Program Annual Report	20

For an overview of the Social Development program and data collection exercise, as well as for definitions of data elements, please refer to 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(S)

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).

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

TPMS RR CODE: 0041

SOCIAL DEVELOPMENT

For First Nations Funded on a REIMBURSEMENT Basis:

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

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

For First Nations Funded on a REIMBURSEMENT Basis:

SOCIAL SUPPORT SERVICES

CHILD AND FAMILY SERVICES MAINTENANCE MONTHLY REPORT

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.

CHILD AND FAMILY SERVICES MAINTENANCE 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	Residence of Parent/Guardian On Reserve [Y/N]	Parent/Guardian Name	Beneficiary's CFS Status*	Type of Service (3100, 3101, 3102) (SEE BELOW)	Date of Placement	Date of Departure	Daily Rate	Special Funds	No. of Days	Total Amount

FINANCIAL SUMMARY

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

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

NAME _____

TITLE _____

SIGNATURE _____

DATE _____

TPMS RR CODE: 0045



SOCIAL DEVELOPMENT

For First Nations Funded on a REIMBURSEMENT Basis:

SOCIAL SUPPORT SERVICES

CHILD AND FAMILY SERVICES OPERATIONAL REPORT

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

TPMS RR CODE: 0047

SOCIAL DEVELOPMENT

For First Nations Funded on a REIMBURSEMENT Basis:

SOCIAL SUPPORT SERVICES ADULT SERVICES MONTHLY REPORT

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

TPMS RR CODE: 0050

SOCIAL DEVELOPMENT

For First Nations Funded on a REIMBURSEMENT Basis:

SOCIAL SUPPORT SERVICES

NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES ANNUAL REPORT

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

For First Nations Funded on a REIMBURSEMENT Basis:

SOCIAL SUPPORT SERVICES

FAMILY VIOLENCE PROJECTS ANNUAL REPORT

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

For First Nations Funded on a REIMBURSEMENT Basis:

SOCIAL SUPPORT SERVICES FAMILY VIOLENCE SHELTERS ANNUAL REPORT

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

INSTRUCTIONS

- < Fill out one report for each shelter.
- < Fill out the fiscal year for which the report is being made and the name and number of the band overseeing the project.
- < Give the name of the shelter and indicate if it is a Project Haven shelter
- < Indicate how is the emergency shelter funded, check all that apply.
- < Indicate who operates the emergency shelter.
- < Indicate whether the shelter supports or provides any of the services below, check all that apply.
 - S **Transition Home/Shelter:** Short or moderate term (1 day to 11 weeks) secure housing for abused women with or without children or youth.
 - S **Second Stage Housing:** Long-term (3-12 months) secure housing for abused women with or without children.
 - S **Safe Home Network:** Subsidiary very short term (1-3 days) housing for abused women with or without children, in private homes.
 - S **Satellite:** Short (3-5 days) secure respite (temporary relief) for abused women with or without children. These shelters are usually linked to a transition home or another agency for administrative purposes.
 - S **Women's Emergency Shelter:** Short-term (1-21 days) respite (temporary relief) for abused women with or without their children.
 - S **Emergency Shelter:** Short-term (1-3 days) respite (temporary relief) for a wide population range, not exclusively abused women. May provide accommodation for men as well as women. This type of facility may accommodate residents who are not associated with family violence but are without a home due to an emergency situation (e.g., eviction for non-payment of rent). Other than residential (room and board) services, these shelters offer few additional client services.
 - S **Rural Family Violence Prevention Centres: Alberta only.** Short (1-10 days) secure respite (temporary relief) for abused women with or without children.
 - S **Interim Housing: Manitoba only.** Subsidized housing for abused women and their children (1 week to 6 months) provided through Manitoba Housing. There are no funding or staffed positions for this type of housing.
 - S **Family Resource Centre: An Ontario government initiative**, which provides services that are identical or similar to transition homes. Must at least provide a residential service.
 - S **Other:** Includes all other residential facilities offering services to abused women with or without children. These services may not be exclusive to abused women. Includes Women's Resource Centres (residential only), mental health shelters.
- < Please answer all questions referring to the operations of the shelter during the year.
- < If this shelter has opened during the fiscal year being reported, indicate the shelter's start-up cost (this is a one-time cost associated with setting up the shelter).
- < Sign and date the form when completed.

FAMILY VIOLENCE SHELTERS ANNUAL REPORT

FOR THE FISCAL YEAR _____

First Nation Name	Band Number
Name of Emergency Shelter	Project Haven Shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No

How is the emergency shelter funded? (Check all that apply)

DIAND Family Violence Prevention Initiative Transfer Payments
 Other Government Department
 Private Agency
 Provincial Government
 Other: _____

Who operates the emergency shelter?

Band Operated
 Corporation
 Provincial/Private Agency

Does the shelter support or provide any of the services below? (Check all that apply)

Second Stage Housing
 Transition House
 Safe Home Network
 Satellite
 Women Emergency Center
 Family Resource Centre
 Interim Housing
 Other _____

For the fiscal year being reported:	
What is the total number of units in this shelter?	
What is the total number of beds for all units in this shelter?	
What is the total number of bands served by this shelter?	
How many families received shelter in this facility?	
How many women received shelter in this facility?	
How many children received shelter in this facility?	
What is the total number of bed nights spent in this shelter?	
What is the total number of persons receiving information or counseling, but who did not stay overnight?	
What were the total annual costs related to this shelter?	\$

If the shelter opened during this fiscal year:
What is the actual or estimated start-up date? _____ / _____ / _____
What is the start-up cost (one-time cost associated with setting up the shelter)?
\$

Name	Title
Signature	Date

SOCIAL DEVELOPMENT

For First Nations Funded on a REIMBURSEMENT Basis:

SOCIAL SUPPORT SERVICES

COMMUNITY SOCIAL SERVICES PROJECTS ANNUAL REPORT

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.

COMMUNITY SOCIAL SERVICES PROJECTS
Reports are regional specific.

***Contact your DIAND regional office.**

TPMS RR CODE: 0055

SOCIAL DEVELOPMENT

For First Nations Funded on a REIMBURSEMENT Basis:

SOCIAL SUPPORT SERVICES

DAY CARE FACILITIES/HEAD START PROGRAM ANNUAL REPORT

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	2
NATIONAL CHILD BENEFIT (NCB)	
First Nations Annual Report on Reinvestment	4
SOCIAL SUPPORT SERVICES	
Adult Services Annual Report	6
National Strategy for Integration of Persons with Disabilities Annual Report	8
Family Violence Projects Annual Report	10
Family Violence Shelters Annual Report	12
Community Social Services Projects Annual Report	14
Day Care Facilities/Head Start Program Annual Report	16

For an overview of the Social Development program and data collection exercise, as well as for definitions of data elements, please refer to 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

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 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 Alternative Funding Arrangements (AFA)

NATIONAL CHILD BENEFIT (NCB)

FIRST NATIONS ANNUAL REPORT ON REINVESTMENT

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

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	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
TPMS RR CODE: 0052	

SOCIAL DEVELOPMENT

Fixed Volume Alternative Funding Arrangements (AFA)

SOCIAL SUPPORT SERVICES

NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES ANNUAL REPORT

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

TPMS RR CODE: 0051

SOCIAL DEVELOPMENT

Fixed Volume Alternative Funding Arrangements (AFA)

SOCIAL SUPPORT SERVICES

FAMILY VIOLENCE PROJECTS ANNUAL REPORT

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

TPMS RR CODE: 0048

SOCIAL DEVELOPMENT

Fixed Volume Alternative Funding Arrangements (AFA)

SOCIAL SUPPORT SERVICES

FAMILY VIOLENCE SHELTERS ANNUAL REPORT

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

INSTRUCTIONS

- < Fill out one report for each shelter.
- < Fill out the fiscal year for which the report is being made and the name and number of the band overseeing the project.
- < Give the name of the shelter and indicate if it is a Project Haven shelter
- < Indicate how is the emergency shelter funded, check all that apply.
- < Indicate who operates the emergency shelter.
- < Indicate whether the shelter supports or provides any of the services below, check all that apply.
 - S **Transition Home/Shelter:** Short or moderate term (1 day to 11 weeks) secure housing for abused women with or without children or youth.
 - S **Second Stage Housing:** Long-term (3-12 months) secure housing for abused women with or without children.
 - S **Safe Home Network:** Subsidiary very short term (1-3 days) housing for abused women with or without children, in private homes.
 - S **Satellite:** Short (3-5 days) secure respite (temporary relief) for abused women with or without children. These shelters are usually linked to a transition home or another agency for administrative purposes.
 - S **Women's Emergency Shelter:** Short-term (1-21 days) respite (temporary relief) for abused women with or without their children.
 - S **Emergency Shelter:** Short-term (1-3 days) respite (temporary relief) for a wide population range, not exclusively abused women. May provide accommodation for men as well as women. This type of facility may accommodate residents who are not associated with family violence but are without a home due to an emergency situation (e.g., eviction for non-payment of rent). Other than residential (room and board) services, these shelters offer few additional client services.
 - S **Rural Family Violence Prevention Centres: Alberta only.** Short (1-10 days) secure respite (temporary relief) for abused women with or without children.
 - S **Interim Housing: Manitoba only.** Subsidized housing for abused women and their children (1 week to 6 months) provided through Manitoba Housing. There are no funding or staffed positions for this type of housing.
 - S **Family Resource Centre: An Ontario government initiative**, which provides services that are identical or similar to transition homes. Must at least provide a residential service.
 - S **Other:** Includes all other residential facilities offering services to abused women with or without children. These services may not be exclusive to abused women. Includes Women's Resource Centres (residential only), mental health shelters.
- < Please answer all questions referring to the operations of the shelter during the year.
- < If this shelter has opened during the fiscal year being reported, indicate the shelter's start-up cost (this is a one-time cost associated with setting up the shelter).
- < Sign and date the form when completed.

**FAMILY VIOLENCE SHELTERS ANNUAL REPORT
FOR THE FISCAL YEAR _____**

First Nation Name	Band Number
Name of Emergency Shelter	Project Haven Shelter? 9 Yes 9 No

How is the emergency shelter funded? (Check all that apply)

9 DIAND Family Violence Prevention Initiative Transfer Payments 9 Other Government Department

9 Private Agency 9 Provincial Government 9 Other: _____

Who operates the emergency shelter?

9 Band Operated 9 Corporation 9 Provincial/Private Agency

Does the shelter support or provide any of the services below? (Check all that apply)

9 Second Stage Housing 9 Transition House 9 Safe Home Network 9 Satellite

9 Women Emergency Center 9 Family Resource Centre 9 Interim Housing 9 Other_____

<p>For the fiscal year being reported:</p> <p>What is the total number of persons receiving information or counseling, but who did not stay</p>	

If the shelter opened during this fiscal year:

What is the actual or estimated start-up date? ___ / ___ / ___

What is the start-up cost (one-time cost associated with setting up the shelter)? \$ _____

Name	Title
Signature	Date



SOCIAL DEVELOPMENT

Fixed Volume Alternative Funding Arrangements (AFA)

COMMUNITY SOCIAL SERVICES PROJECTS ANNUAL REPORT

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.

COMMUNITY SOCIAL SERVICES PROJECTS
Reports are regional specific.

***Contact your DIAND regional office.**

TPMS RR CODE: 0055

SOCIAL DEVELOPMENT

Fixed Volume Alternative Funding Arrangements (AFA)

DAY CARE FACILITIES / HEAD START PROGRAM ANNUAL REPORT

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

TPMS RR CODE: 0046

SOCIAL DEVELOPMENT

For First Nations Funded Through Fixed Volume Financial Transfer Agreements (FTA) or Canada/First Nations Funding Agreements (CFNFA) DIAND/First Nations Funding Agreements (DFNFA):

Social Assistance Annual Report	2
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 (annually or twice yearly)	8
Adult Services Annual Report	10
National Strategy for Integration of Persons with Disabilities Annual Report	12
Family Violence Projects Annual Report	14
Family Violence Shelters Annual Report	16
Community Social Services Projects Annual Report	18
Day Care Facilities/Head Start Program Annual Report	20

For an overview of the Social Development program and data collection exercise, as well as for definitions of data elements, please refer to 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

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

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.

**National Child Benefit (NCB)
 First Nations Report on Reinvestment
 Annual Report
 First Nations Funded Social Assistance through Fixed Volume
 FTA/CFNFA/DFNFA**

for the Fiscal Year _____

First Nation Name		First Nation Number
Name of Reinvestment Program Developed	Annual amount of Reinvestment Fund	
G new or G continuing	\$ _____	
Purpose of Program		
Results or Accomplishments of Program		
Number of Families and Children who benefited from Reinvestment Program:		
No. of Families:	No. of Children Under 18:	
Name	Signature	Date

SOCIAL DEVELOPMENT

Fixed Volume FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES

CHILD AND FAMILY SERVICES MAINTENANCE MONTHLY REPORT

Due Date: The 15th day of the following month.

Instructions: Reporting is applicable only in cases when block funding for 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 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

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 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 when block funding
for CFNFA/DFNFA Pilot Projects have been approved)**

**Child and Family Services
Operational Report**

First Nations Funded Social Support Services through Fixed Volume 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

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

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 Integrations 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

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

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

INSTRUCTIONS

- < Fill out one report for each shelter.
- < Fill out the fiscal year for which the report is being made and the name and number of the band overseeing the project.
- < Give the name of the shelter and indicate if it is a Project Haven shelter
- < Indicate how is the emergency shelter funded, check all that apply.
- < Indicate who operates the emergency shelter.
- < Indicate whether the shelter supports or provides any of the services below, check all that apply.
 - S **Transition Home/Shelter:** Short or moderate term (1 day to 11 weeks) secure housing for abused women with or without children or youth.
 - S **Second Stage Housing:** Long-term (3-12 months) secure housing for abused women with or without children.
 - S **Safe Home Network:** Subsidiary very short term (1-3 days) housing for abused women with or without children, in private homes.
 - S **Satellite:** Short (3-5 days) secure respite (temporary relief) for abused women with or without children. These shelters are usually linked to a transition home or another agency for administrative purposes.
 - S **Women's Emergency Shelter:** Short-term (1-21 days) respite (temporary relief) for abused women with or without their children.
 - S **Emergency Shelter:** Short-term (1-3 days) respite (temporary relief) for a wide population range, not exclusively abused women. May provide accommodation for men as well as women. This type of facility may accommodate residents who are not associated with family violence but are without a home due to an emergency situation (e.g., eviction for non-payment of rent). Other than residential (room and board) services, these shelters offer few additional client services.
 - S **Rural Family Violence Prevention Centres: Alberta only.** Short (1-10 days) secure respite (temporary relief) for abused women with or without children.
 - S **Interim Housing: Manitoba only.** Subsidized housing for abused women and their children (1 week to 6 months) provided through Manitoba Housing. There are no funding or staffed positions for this type of housing.
 - S **Family Resource Centre: An Ontario government initiative**, which provides services that are identical or similar to transition homes. Must at least provide a residential service.
 - S **Other:** Includes all other residential facilities offering services to abused women with or without children. These services may not be exclusive to abused women. Includes Women's Resource Centres (residential only), mental health shelters.
- < Please answer all questions referring to the operations of the shelter during the year.
- < If this shelter has opened during the fiscal year being reported, indicate the shelter's start-up cost (this is a one-time cost associated with setting up the shelter).
- < Sign and date the form when completed.

FAMILY VIOLENCE SHELTERS ANNUAL REPORT

FOR THE FISCAL YEAR _____

First Nation Name	Band Number
Name of Emergency Shelter	Project Haven Shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No

How is the emergency shelter funded? (Check all that apply)

<input type="checkbox"/> DIAND Family Violence Prevention Initiative Transfer Payments	<input type="checkbox"/> Other Government Department
<input type="checkbox"/> Private Agency <input type="checkbox"/> Provincial Government	<input type="checkbox"/> Other: _____

Who operates the emergency shelter?

<input type="checkbox"/> Band Operated	<input type="checkbox"/> Corporation	<input type="checkbox"/> Provincial/Private Agency
--	--------------------------------------	--

Does the shelter support or provide any of the services below? (Check all that apply)

<input type="checkbox"/> Second Stage Housing	<input type="checkbox"/> Transition House	<input type="checkbox"/> Safe Home Network	<input type="checkbox"/> Satellite
<input type="checkbox"/> Women Emergency Center	<input type="checkbox"/> Family Resource Centre	<input type="checkbox"/> Interim Housing	<input type="checkbox"/> Other _____

For the fiscal year being reported:	
What is the total number of units in this shelter?	
What is the total number of beds for all units in this shelter?	
What is the total number of bands served by this shelter?	
How many families received shelter in this facility?	
How many women received shelter in this facility?	
How many children received shelter in this facility?	
What is the total number of bed nights spent in this shelter?	
What is the total number of persons receiving information or counseling, but who did not stay overnight?	
What were the total annual costs related to this shelter?	\$

If the shelter opened during this fiscal year:	
What is the actual or estimated start-up date?	___ / ___ / ___
What is the start-up cost (one-time cost associated with setting up the shelter)?	\$

Name	Title
Signature	Date

SOCIAL DEVELOPMENT

Fixed Volume FTA/CFNFA/DFNFA

TPMS RR CODE: 0053

SOCIAL SUPPORT SERVICES

COMMUNITY SOCIAL SERVICES PROJECTS ANNUAL REPORT

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.

COMMUNITY SOCIAL SERVICES PROJECTS
Reports are regional specific.

***Contact your DIAND regional office.**

TPMS RR CODE: 0055

SOCIAL DEVELOPMENT

Fixed Volume FTA/CFNFA/DFNFA

SOCIAL SUPPORT SERVICES

DAY CARE FACILITIES/HEAD START PROGRAM

ANNUAL REPORT

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)

Application for Grant: Band Support Funding	2
Eligible Unaffiliated Large Band Advisory Services Annual Report	4

WHAT'S NEW - Increased Support for First Nation Administration

To support the implementation of increased funding for First Nation administration by the equivalent of 5% of 2000-2001 Band Support Funding this year and for the next three years, a full update to the Indian Government Support data is required. Current Indian Government Support data will contribute to determining the way in which this additional funding may be provided to First Nations. Funds may be provided as Band Support Funding **if** maximum funding levels based on the Band Support formula have not been reached. When BSF is at the maximum defined by the formula, other local administration support such as Indian/Inuit Management Development or Band Employee Benefits funding may be used as applicable under current policy.

TRIBAL COUNCIL FUNDING (TCF)

Program Activities Annual Report	5
Application for Grant: Band Support Funding (same form used for both BSF and TCF)	2
Although Tribal Councils are to use this form when applying for funding, Tribal Council Funding is not provided as a grant. Tribal Council Funding allocations remain frozen at 1996-1997 levels unless the Tribal Council undertakes a completely new function funded by DIAND or changes membership composition.	

BAND EMPLOYEE BENEFITS PROGRAM

Application for Band Employee Benefits Funding (CFA only)	6
List of Eligible Employees (CFA only)	8
Pension Plan Funding Annual Report	10

INDIAN/INUIT MANAGEMENT DEVELOPMENT [IIMD]

PROGRAM PROPOSAL	12
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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 2002-2003, Volume II: Reference, Tab H.

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

INDIAN GOVERNMENT SUPPORT

BAND SUPPORT FUNDING (BSF)

APPLICATION FOR GRANT: BAND SUPPORT FUNDING (BSF)

DUE DATE: Due annually June 30

Up-to-date data is required to implement the Minister's commitment to increase support for First Nations administration in an amount equivalent to 5% of 2000-2001 Band Support Funding in 2001-2002 and for the next three years. Current Indian Government Support data is required to determine the way in which this additional funding may be provided to First Nations. Updated Tribal Council data is required as well to complement this assessment of First Nations administration funding.

INSTRUCTIONS

SECTION A

1. **Band Name:** The name of the band applying for the grant, as officially recorded by Lands and Trust Services
2. **Band No.:** Cost element No. for the band as shown in the Department's Financial Management Manual (last 3 digits).
3. **District No.:** Responsibility Centre (RCM) No. for District Manager as shown in the Department's Financial Management Manual (first 3 digits).
4. **Region No.:** RCM No. for Regional Director General (first 3 digits).
5. **Tribal Council Affiliation:** Band affiliated to a Tribal Council, give name of the T.C. and the number.

SECTION B

6. **Type of funding agreement:** FTA, CFNFA/DFNFA : The band is a signator to a Funding Arrangement which requires supplementary audit fees

Population Counts are as of March 31, 2002

7. **Registered:** Indians residing on-reserve, who are registered according to the *Indian Act*, whether or not they are also members of the band identified in Section A,
8. **Non-Registered:** Individuals residing on-reserve, who are not Registered Indians within the meaning of the *Indian Act*, whether they consider themselves Indians, Metis, or non-Indians.
9. **11. Band Member:** An individual whose name appears on the Band Membership list, whether this is maintained by DIAND under Section 9 or the band under Section 10 of the Indian Act.
10. **12. Non Band Member:** Any individual whose name is not included on the Band membership list at the time of application.
13. **14 Not on Reserve:** An individual who does not live either (a) on a Reserve managed by the band specified in Section A or (b) in a recognized Indian community managed by the band, for which the federal government has accepted a responsibility.
15. **Staff:** The total number of individuals employed on a continuing full-time or continuing part-time basis by the band council at the time of completion of this application. (DO NOT include temporary construction crews, or seasonal workers.)

SECTION C

16. **Federal-Provincial Agreement:** An agreement (e.g. tuition) to which three parties are signators OR an agreement between the band and a third party (e.g. school board) for a specific service.
17. **Income Support:** A band delivered program intended to provide a minimum income to the recipient (e.g. social assistance, foster care allowance.)
18. **Major Capital:** Any project or projects with a value in excess of \$250,000.00.
 - A. **\$:** The total dollar value of all DIAND contributions/transfer payments for the specified activity.
 - B. **Units:** For major programs and projects only, the number of units anticipated for the year for which the grant is sought.
 - C. **P.Y.:** For basic services, the number of band staff employed who require a work station in the band office or administration centre. The band council and the department must reach agreement on the number of employees required for each function.

Application for Grant / Demande de subvention Band Support Funding / Financement du soutien des bandes



Section A - Band Identification - Identification de la bande			
1 Band name - Nom de la bande	2 Band no. / N° de la bande	3 District no. / N° de district	4 Region no. / N° de région
5 Tribal council affiliation - Affiliation à un conseil de tribu / Name - Nom		Number - Numéro	

Section B - Band Membership / Community residence Information / Membres de la bande / Information de résidence dans la communauté	
6 Funding Type: CFA 9 / CFNFA/DFNFA 9 / Mode de financement : EFG 9 / EFCPN/EFMPN 9	

Population Counts are as of March 31, 2002

LOCATION	7 Registered / Inscrit			8 Non-Registered / Non inscrit		
	9 Band member / Membre de la bande	10 Non-band member / Non-membre (bande)	TOTAL	11 Band member / Membre de la bande	12 Non-band member / Non-membre (bande)	TOTAL
On-reserve / Sur réserve						
Not on-reserve / Pas sur réserve	13			14		

15 Staff - Employés (ées):

Section C - Profile of departmental contribution / Workload / Program staff / Profil de financement du Ministère / Charge de travail / Employés (ées) de service

Major programs & projects / Programmes majeurs et projets	A	\$	B	Units - Unités	C	P.Y.-A.P.	RCM Certification - Cert. Du G.C.R.
16 Federal / Provincial agreements / Accords fédéraux et provinciaux							
17 Income support / Soutien du revenu							
18 Major capital / Projets d'immobilisations majeurs							
19 TOTAL Items 16-18 *							
Basic Services - Services de base	A	\$	B	Units - Unités	C	P.Y.- A.P.	RCM Certification - Cert. Du G.C.R.
20 Lands, trust and services / Services fonciers et fiduciaires							
21 Education (excl. Item 16-Tuition) / Éducation (à l'exception de l'élément 16-Droits de scolaire)							
22 Economic development / Développement économique							
23 Social development / Développement social							
24 Infrastructure / Maintenance (O&M only) / Infrastructure / Entretien (exploitation et entretien seulement)							
25 Minor capital (incl. ongoing housing) / Projets d'immobilisation mineurs (y compris le logement)							
26 Band Management (excluding administrative staff) / Gestion des bandes (sans compter le personnel administratif)							
27 TOTAL Items 20-26 *							
28 GRAND TOTAL Items 19 and 27 *							

We hereby apply for a grant based on the above information which, to the best of our knowledge, is true and accurate.
Par la présente, nous formulons une demande de subvention basée sur les informations ci-jointes qui sont les meilleures et les plus justes à notre connaissance.

Date

INDIAN GOVERNMENT SUPPORT

BAND SUPPORT FUNDING (BFS) 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**.

**ELIGIBLE UNAFFILIATED LARGE BAND ADVISORY SERVICES
ANNUAL REPORT**

*Narrative Report - Contact DIAND regional office.

TPMS RR CODE: 0061

INDIAN GOVERNMENT SUPPORT

TRIBAL COUNCIL FUNDING (TCF)

TRIBAL COUNCIL ADVISORY SERVICES PROGRAM ACTIVITY REPORT

Each Tribal Council must also prepare an annual report on the advisory program activities and services it provided during the year. This report must be provided to its affiliated First Nation members and to INAC within 90 days after the end of the fiscal year.

NOTE: When Tribal Councils administer programs or services on behalf of its member, the specific reporting requirements for these programs must be followed.

PROGRAM ACTIVITIES ANNUAL REPORT

*Narrative Report - Contact DIAND regional office.

TPMS RR CODE: 0064

TRIBAL COUNCIL FUNDING (TCF)* APPLICATION FOR GRANT

PLEASE USE FORM ON PAGE 2.

NOTE: Although Tribal Councils are to use this form when applying for funding, Tribal Council Funding is not provided as a grant. Tribal Council Funding allocations remain frozen at 1996-1997 levels unless the Tribal Council undertakes a completely new function funded by DIAND or changes membership composition.

INDIAN GOVERNMENT SUPPORT

BAND EMPLOYEE BENEFITS PROGRAM APPLICATION FOR BAND EMPLOYEE BENEFITS FUNDING

This form applies to CFA First Nations only.

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

Band Employee Benefits is one aspect of First Nation administration support funding. Up-to-date data is required to implement the Minister's commitment to increase support for First Nations administration in an amount equivalent to 5% of 2000-2001 Band Support Funding commencing in 2001-2002 and for the next three years. Current Indian Government Support data is required to determine the way in which this additional funding may be provided to First Nations. Funds may be provided as Band Support Funding if maximum funding levels based on the Band Support formula have not been reached. When BSF is at the maximum, as defined by the formula, then other local administration support such as Indian/Inuit Management Development or Band Employee benefits funding may be used as applicable under current policy.

As part of this update, please complete the Application for Band Employee Benefits Funding.

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	CCRA Registration No.: N° d'enregistrement de l'ADRC:	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									
Community Infrastructure Equipement comm.									
L. T. S. S. F. et 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						
Health Canada Santé Canada						
% 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	\$

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">APPROVAL - APPROBATION</td> </tr> <tr> <td colspan="2">Title - Titre</td> </tr> <tr> <td colspan="2">Name - Nom</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	APPROVAL - APPROBATION		Title - Titre		Name - Nom		Signature	Date	Comments - Remarques
APPROVAL - APPROBATION									
Title - Titre									
Name - Nom									
Signature	Date								

INDIAN GOVERNMENT SUPPORT

BAND EMPLOYEE BENEFITS PROGRAM LIST OF ELIGIBLE EMPLOYEES

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

The following form applies to CFA First Nations Only

Band Employee Benefits is one aspect of First Nation administration support funding. Up-to-date data is required to implement the Minister's commitment to increase support for First Nations administration in an amount equivalent to 5% of 2000-2001 Band Support Funding commencing in 2001-2002 and for the next three years. Current Indian Government Support data is required to determine the way in which this additional funding may be provided to First Nations. Funds may be provided as band support funding if maximum funding levels based on the Band Support formula have not been reached. When BSF is at the maximum, as defined by the formula, then other local administration support such as Indian/Inuit Management Development or Band Employee benefits may be used as applicable under current policy.

As part of this update, please complete the List of Eligible Employees.

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

TPMS RR CODE: 0066

INDIAN GOVERNMENT SUPPORT

Band employee benefits program PENSION PLAN FUNDING ANNUAL REPORT

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

TPMS RR CODE: 0068

INDIAN GOVERNMENT SUPPORT

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

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

INSTRUCTIONS

The Indian and Inuit Management Development (IIMD) Program is one aspect of First Nation administration support funding. Up-to-date data is required to implement the Minister's commitment to increase support for First Nations administration in an amount equivalent to 5% of 2000-2001 Band Support Funding commencing in 2001-2002 and for the next three years. Funds may be provided as Band Support Funding if maximum funding levels based on the Band Support formula have not been reached. When BSF is at the maximum, as defined by the formula, then other local administration support such as Indian/Inuit Management Development or Band Employee Benefits funding may be used as applicable under current policy.

Program 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.

INDIAN/INUIT MANAGEMENT DEVELOPMENT PROGRAM PROPOSAL

Narrative Report - Contact DIAND Regional Office

TPMS RR CODE: 0070

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 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	2
Fire Losses Annual Report	4

Housing and Infrastructure Assets Annual Report(s)	6
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Note: First Nations may update their housing data and access previous years data through the Housing & Infrastructure Assets web site. This web site may be accessed from DIAND's Electronic Service Delivery page at http://www.ainc-inac.gc.ca/esd/index_e.html Contact your regional DIAND office for further instructions.

Schools Annual Report	8
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Capital Assets

Changes in Capital Assets Annual Report	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 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

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?																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">G Volunteer Brigade</td> <td style="width: 20%; border: none;"></td> <td style="width: 40%; border: none;">G Municipal Agreement Name of Municipality:</td> </tr> </table>			G Volunteer Brigade		G Municipal Agreement Name of Municipality:												
G Volunteer Brigade		G Municipal Agreement Name of Municipality:															
<table style="width: 100%; border: none;"> <tr> <td style="width: 65%;">1. Was public education on fire protection/prevention provided in the last year?</td> <td style="width: 15%;">G Yes</td> <td style="width: 20%;">G No</td> </tr> <tr> <td>2. Were fire inspection activities carried out last year?</td> <td>G Yes</td> <td>G No</td> </tr> <tr> <td>3. Were fire suppression activities carried out last year?</td> <td>G Yes</td> <td>G No</td> </tr> <tr> <td>4. Were fire prevention activities carried out last year?</td> <td>G Yes</td> <td>G No</td> </tr> <tr> <td>5. Were any fire engineering activities carried out last year?</td> <td>G Yes</td> <td>G No</td> </tr> </table>			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
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:															

TPMS RR CODE: 0101

OPERATION AND MAINTENANCE OF INFRASTRUCTURE Assets and Facilities

FIRE FIRE LOSSES ANNUAL REPORT

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:	

TPMS RR CODE: 0102

OPERATION AND MAINTENANCE OF INFRASTRUCTURE

Assets and Facilities

HOUSING AND INFRASTRUCTURE ASSETS ANNUAL REPORT(S)

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 web-site) 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.

**Contact Regional Office
for
Housing and Infrastructure Assets
Form(s)/Requirements**

First Nations may update their housing data and access previous years data through the Housing & Infrastructure Assets web site.

This web site may be accessed from DIAND's Electronic Service Delivery page at http://www.ainc-inac.gc.ca/esd/index_e.html Contact your regional DIAND office for further instructions.

OPERATION AND MAINTENANCE OF INFRASTRUCTURE Assets and Facilities

SCHOOLS ANNUAL REPORT

Due Date: Annually on March 31 for previous fiscal year ending March 31.

Instructions

- < Fill out the date of the last fire inspection.
- < 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	
Date of last Fire Inspection _____ / _____ / _____	
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:

TPMS RR CODE: 0111

OPERATION AND MAINTENANCE OF INFRASTRUCTURE

Assets and Facilities

CAPITAL ASSETS

CHANGES IN CAPITAL ASSETS ANNUAL REPORT

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 Annual Report

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			
<p>CATEGORY <i>(check one)</i></p> <p>G A. Buildings Excludes housing.</p> <p>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.</p> <p>G C. Grounds Includes grass, trees, sidewalks and parking compounds.</p> <p>G D. Transport Includes any form of transportation infrastructure including roads, bridges, ditches and ferries.</p> <p>G E. Vehicles Includes fire, garbage, water and sewage trucks.</p>			
Has this asset been....			
G Added <i>Provide Details</i>			
G Deleted <i>Provide Details</i>			
G Modified <i>Provide Details</i>			
Prepared by:			Date:

TPMS RR CODE: 0103

OPERATION AND MAINTENANCE OF INFRASTRUCTURE Assets and Facilities

CAPITAL ASSETS COMPLETED ASSET CONDITIONS REPORTING SYSTEM (ACRS) PROJECT ANNUAL REPORT

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.

Completed ACRS Project Annual Report

For Asset Condition Reporting System (ACRS) Projects

First Nation Name				
Reserve Name and Number				
			Page	of
Asset Number	Asset Extension Number	ACRS Project Number	Remarks	
Prepared by:			Date:	

TPMS RR CODE: 0104

OPERATION AND MAINTENANCE OF INFRASTRUCTURE

Assets and Facilities

CAPITAL ASSETS

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

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			
Reserve Name and Number			
			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			
Prepared by:			Date:

TPMS RR CODE: 0112

OPERATION AND MAINTENANCE OF INFRASTRUCTURE Assets and Facilities

CAPITAL ASSETS MAINTENANCE MANAGEMENT PLAN ANNUAL REPORT

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:	

TPMS RR CODE: 0105

COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY (INCLUDING HOUSING)

Community-Based Housing Plan Annual Report	2
Capital Projects	
Progress Report on Capital Projects	4
Certificate of Completion for Capital Projects	6
Five Year Capital Plan <i>Annual Update</i>	8

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 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 SERVICES DELIVERY (INCLUDING HOUSING)

COMMUNITY-BASED HOUSING PLAN ANNUAL REPORT

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-based Housing Plan
Annual Report**

***Contact your DIAND regional office.**

TPMS RR CODE: 0123

COMMUNITY CAPITAL FACILITIES SERVICES DELIVERY (INCLUDING HOUSING)

CAPITAL PROJECTS PROGRESS REPORT ON CAPITAL PROJECTS

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.

Progress Report on Capital Projects

First Nation Name			
Reserve Name and Number			
Project Number		Funding Arrangement Number	
Project Title			
Schedule for Progress Reports			
Project Start Date		Progress Report for the Period	
		From:	To:
Completion Date			
Work Progress compared to original Project Schedule (Time)			
	Work done to date (%)	Work planned to date (%)	Variance (%)
1. Design			
2. Construction			
3. Commission (or start-up)			
Statement of Expenditures compared with planned Cash Flow Budget (Cost)			
	Spent to Date	Budgeted	Variance (%)
1. Design			
2. Construction			
3. Commission (or start-up)			
Explanation of Variances between work planned and completed work (Time and Cost)			
I Certify that the information above is accurate			
Project Manager authorized by First Nation's Council:		Date:	
Received at DIAND by:		Date:	

TPMS RR CODE: 0120

COMMUNITY CAPITAL FACILITIES SERVICES DELIVERY (INCLUDING HOUSING)

CAPITAL PROJECTS CERTIFICATE OF COMPLETION FOR CAPITAL PROJECTS

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	
<p>G 1. All details of the project are resolved.</p> <p>G 2. The “As Constructed” plans are available.</p> <p>G 3. There is no flaw, omission, uncompleted work, claim or outstanding payment.</p> <p>G 4. The construction complies with all requirements of applicable codes and standards.</p> <p>G 5. Official inspection report(s) or certificate(s) by qualified inspector(s) is attached.</p> <p>List the reports or supporting documents attached:</p> <p>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.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	
Signature of Project Manager or Person Authorized by the Band Council:	Date:
Received by DIAND:	Date:

TPMS RR CODE: 0121

COMMUNITY CAPITAL FACILITIES SERVICES DELIVERY (INCLUDING HOUSING)

CAPITAL PROJECTS FIVE YEAR CAPITAL PLAN *ANNUAL UPDATE*

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.

Five Year Capital Plan Annual Update

First Nations Name:					Reserve Name:					
Source of Funds	Project Name or Description	Total Cost	Spent to Date	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Fiscal Year 5	Total DIAND	Total Other
Total DIAND										
Total Other (Other Government Departments, First Nations)										
Chief:			Date:		Councillor:				Date:	
Councillor:			Date:		Councillor:				Date:	

TPMS RR CODE: 0122

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)

Economic Development Report	2
Economic Development Log - Part 1	10
Economic Development Log - Part 2	12

OPPORTUNITY FUND / RESOURCE ACQUISITION INITIATIVE PROGRAM / MAJOR BUSINESS PROJECTS PROGRAM

Project Status Report	14
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RESOURCE PARTNERSHIP PROGRAM

Project Status Report	18
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RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM

End-of-Project Report Form	20
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REGIONAL PARTNERSHIP FUND

Project Status Report	25
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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 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) ECONOMIC DEVELOPMENT REPORT

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.

ECONOMIC DEVELOPMENT REPORT

FOR 2002-2003

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

C: STATISTICAL INFORMATION

300
2002-2003
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"/>

D: NARRATIVE INFORMATION related to the 2002-2003 fiscal year

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

TPMS RR CODE: 0131

ECONOMIC DEVELOPMENT

Notes on completing the ECONOMIC DEVELOPMENT REPORT for 2002-2003

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 2002-2003 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 2002-2003 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 2002-2003 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 2002-2003.
- Line 203 **DIAND, Other** (including RAN): Identify all other funding provided by DIAND in 2002-2003 to this CEDO/ROP initiative. This should also include any RAN (Resource Access Negotiations) funding approved for this CEDO during 2002-2003. 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 **2002-2003 Actual** The boxes in this column represent the actual results achieved by the recipient for economic development program initiatives during the 2002-2003 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

ECONOMIC DEVELOPMENT

employment after training) should not exceed the number of people on line 302 (employed at time of training).

Line 306 **# of unemployed people placed in employment after training:** The number of people shown here should not exceed the number on line 303.

Line 307 **# of social assistance recipients placed in employment after training:** The number of people shown here should not exceed the number on line 304.

Line 308 **Total number of training days:** This is the total number of days of training taken by the people on lines 302 to 304. The total training days should be consistent with the training expenditures shown in line 212.

Line 309 **Indirect training funds (\$s) levered by the recipient:** These are funds that did not flow through the recipient, but were accessed by the recipient to support individuals in training and employment programs. ***These funds are not to be reported in Section B.***

Business Support Results If business support expenditures are shown in line 213, it is necessary to complete the appropriate lines in this section.

Total # of businesses assisted during the year (expansions) (line 310 to line 313). This refers to support provided to businesses that already existed in the service area.

Line 310 **# of existing businesses 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 2002-2003 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

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								
			At Training			After Training					
Date	Name of Trainee	Phone #	302	303	304	305	306	307	Training Days (308)	Indirect Funds \$ (309)	Reference
		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 is 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

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)

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 G RPP G RPF

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		

TPMS RR CODE: 0132

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)

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: _____

TPMS RR CODE: 0133

ECONOMIC DEVELOPMENT

RESOURCE PARTNERSHIPS PROGRAM (RPP) PROJECT STATUS REPORT

DUE DATE: Twelve months after the Community Economic Development Organization has received proposal funding and after three and five years if applicable.

INSTRUCTIONS < One Form per Project >

All applicable sections of the report must be completed.

Applicant Information

Applicant Name/Project Title: Fill out the name and address of the Community Economic Development Organization (CEDO) that received the funds.

First Nation(s): Provide the name(s) of the proponent(s) who received the contribution.

Date Disbursed: Indicate the date that funds were disbursed to the proponent via the CEDO.

Amount Disbursed: Indicate the amount of funds received by the proponent via the CEDO.

Proposal Description

Brief description of major resource development, including total cost and time frame:

Identify the resource sector and describe how this resource will be used. Also include the total cost of the project with the expected time frame.

Describe the activities for which the funding has been approved and the expected outcomes and benefits:

Make references to activities on the Sources and Uses of Funds statement shown on the proposal and/or project summary form.

Brief description of partner(s): Identify partners and describe their commitment (cash contributions or non-financial contributions such as technical or management expertise, administrative support, etc)

Status Report

What is the status of the initiative funded: Identify if the RPP project is completed or in-progress.

What objectives have been achieved: Describe what direct and indirect deliverables have been met or the status of these deliverables.

Describe the impacts and benefits of the project (projected):

- **Stage One: Strategic Planning:** Provide information on what has been achieved in terms of consensus building, priority setting and partnership opportunities.
- **Stage Two: Joint Working Agreement (JWA) Negotiation Activities:** Provide information on the status of a completed JWA. What activities have been completed towards the formation of a JWA.
- **Report on the longer-term benefits of the RPP funding:** Describe what benefits will arise in the long term from the RPP funding considering the fact that an RPP project may lead into a Major Business Projects Program (MBPP) or Regional Partnerships Fund (RPF) project.

Certification Provide name and title of the person responsible for the Status Report, sign and date.

RESOURCE PARTNERSHIPS PROGRAM PROJECT STATUS REPORT

APPLICANT INFORMATION

APPLICANT NAME/PROJECT TITLE:	FIRST NATION(S):
DATE DISBURSED:	AMOUNT DISBURSED:

PROPOSAL DESCRIPTION

Brief description of major resource development, including total cost and time frame:
Describe the activities for which the funding has been approved and the expected outcomes and benefits
Brief description of partner(s):

PROJECT STATUS

What is the status of the initiative funded? (i.e., completed or in-progress, describe)
What objectives have been achieved?
Describe the impact and benefits of the project (projected): Stage one: Strategic Planning: <ul style="list-style-type: none"> • report on the partnerships opportunity identified; • report on the results of the meetings on community and regional consensus building; • report on the priority that has been set for regional and community economic development. Stage two: JWA Negotiations Activities: <ul style="list-style-type: none"> • report on the activities as well as on the results of each of the studies

Finally report on the longer-term benefits of the RPP funding in terms of: T number and duration of full-time jobs T number and duration of part-time jobs T dollar value of contracts and sub contracts T number of business start-ups or joint ventures T dollar value of community revenue to be generated T number of trained people T impacts on the community (i.e., effect on community size, unemployment, social security dependency, employment opportunities, social cohesion, other)

Name and title of the person responsible for the preparation of the Project Status Report:

ECONOMIC DEVELOPMENT

Signature: _____ Date: _____

RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM (APPLICANT'S) END-OF-PROJECT REPORT FORM - page 1 of 5

INSTRUCTIONS

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.

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".

Parties to Agreements: Name the parties to any agreements that have been negotiated. If more than three agreements have been negotiated, provide the names on an additional page. For each agreement that has been negotiated, indicated the nature of the agreement by ticking in the appropriate place to indicate a final signed agreement, a formal signed agreement in principle with a final agreement to follow, or an informal (e.g. unwritten) agreement.

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 which 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 which 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 negotiated.

ECONOMIC DEVELOPMENT

RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM (APPLICANT'S) END-OF-PROJECT REPORT FORM - page 2 of 5

INSTRUCTIONS (continued)

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.

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.

ECONOMIC DEVELOPMENT

RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM (APPLICANT'S) END-OF-PROJECT REPORT FORM - page 4 of 5

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.

**RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM
(APPLICANT'S) END-OF-PROJECT REPORT FORM - page 5 of 5**

Description of Results:

--



Signature:	Date:
Name:	
Title:	

ECONOMIC DEVELOPMENT

REGIONAL PARTNERSHIPS FUND (RPF) PROJECT STATUS REPORT

DUE DATE: The first project status report is due 90 days (June 30) after the first fiscal year end following the full disbursement of the contribution. The second project status report is due 90 days (June 30) after the third fiscal year end following the full disbursement of the contribution. The final project status report is due 90 days (June 30) after the fifth fiscal year end following the full disbursement of the contribution.

INSTRUCTIONS < *One Form per Project* >

All applicable sections of the report must be completed.

Applicant Information

Applicant Name/Project Title: Provide the name of the project applicant and the title of the project funded.

First Nation (s): Fill out the name and address of the project proponent which received the contribution via the CEDO.

Date Funds Received: Indicate the date that funds were disbursed to the proponent via the CEDO.

Amount of Funding received: Indicate the amount of funds received by the proponent via the CEDO.

Proposal Description

- Provide a brief description of the infrastructure project/initiative the proposal is related to, including total cost and duration of the project.
- Describe the activities for which the funding has been approved and the expected outcome and benefits.
- Brief description of partners i.e identify the partners (name), their level of commitment by percentage and amount if financial or provide an explanation of their non-financial (example, technical advice, administrative support etc.) commitment.
- List the conditions imposed on the project prior to disbursement of funds.

Project Status

- Provide information on the status of the initiative funded (completed, in progress).
- Provide information on the status of the objectives (i.e achieved or not achieved). If objectives are not achieved an explanation must be provided as to why they were not met.
- Provide information on the status of the conditions imposed on the project .
- Provide information on the status of the Joint Working Agreement/Partnership Agreement, only if applicable.
- Provide complete information on the status of funding from sources other than DIAND RPF.
- Provide information on the impact and benefits of the project. The report must include information on (but not limited to) the impact/ benefits to the region, the community(s), the people, the environment, etc.

Other Issues

- Provide information on any other issues related to the project.

Certification

- Provide name and title of the person responsible for the Status Report, sign and date.

**Regional Partnerships Fund
Project Status Report**

APPLICANT INFORMATION

APPLICANT NAME/PROJECT TITLE:	FIRST NATION(S):
DATE FUNDS RECEIVED:	AMOUNT OF FUNDING RECEIVED:

PROPOSAL DESCRIPTION

Brief description of the major regional infrastructure project or initiative this funding request is related to, including total cost and time frame (duration of the project):
Describe the activities for which the funding has been approved and the expected outcomes and benefits:
Brief description of partners:
List the conditions imposed to the project prior to disbursement:

PROJECT STATUS

What is the status of the initiative funded? (i.e., completed or in-progress, describe)
What objectives have been achieved?
Report on the status of the conditions imposed to the project (when approved):
Report on the status of the Joint Working Agreements/Partnership Agreement (if applicable).
Report on the status of funding from others sources than DIAND RPF.

Describe the impacts and benefits of the project:

- describe the region, number of communities and people impacted by the project;
- how the region described above has been impacted (i.e., regional benefits, access to markets and resources, employment opportunities, social cohesion, other)?
- community revenues (e.g., taxation, lease payments, negotiated royalties);
- number and duration of direct full-time jobs created;
- number and duration of indirect full-time jobs created;
- dollar value of contracts and sub contracts created;
- number of business start-ups or joint ventures generated;
- number of trained people;
- community and regional infrastructure developed (describe);
- other (e.g., mentoring, environmental benefits, etc.).

OTHER ISSUES

Comment on any other issues in relation to this project.

Signature:

Date:

Name:

Title:

OTHER

POLICING **2**

HEALTH SERVICES **3**

For a brief overview of these programs please refer to the First Nations National Reporting Guide 2002-2003, 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
HEALTH CANADA**
June 2000

**HEALTH SERVICES
REPORTING AND AUDITING GUIDELINES
HEALTH CANADA
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1 INTRODUCTION

Under a Health Services Canada/First Nations Funding Agreement, the accountability relationship between Chiefs and Councils and the Minister of Health, reflect an approach based on the community having greater program and financial flexibility within a framework requiring more visibility and accountability to community members, and to Parliament. In its accountability to Parliament, the federal government reports on all activities that it has funded in every Department and on the results achieved. Similarly, in its accountability to community members, a First Nation's Council and administration are to report on where funds have been spent and what community members are getting in return.

2 PURPOSE

The purpose of these guidelines is to describe the reporting and auditing requirements for Health Canada.

3 DEFINITIONS

In the context of these Guidelines, relevant terms are defined as follows:

"Audit" means an audit, with an opinion expressed on:

- fairness of the financial statements;
- adequacy of financial controls in place; and
- compliance with the terms and conditions of the agreement

"Band" means 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 or Inuit health board, an Indian or Inuit organization, or a corporation).

"Financial Statements" means statements which are prepared to provide their users with reliable information concerning the financial affairs of an organization. In the case of First Nations, users of

~~the statements can be banks, the federal government, other funding agencies and First Nations members. The statements also provide the First Nation with financial information concerning organizations that are accountable to the First Nation. "Financial statements should demonstrate the accountability of a First Nation for the financial affairs and resources entrusted to it". (Source: A First Nation Guide to Generally Accounting Principles prepared by AFN-CGA Working Group).~~

"Fiscal Year" means the Band's fiscal year.

"Minister" means the Minister of Health.

"Moveable Assets Reserve (MAR)" means a one-time lump sum representing the accumulated depreciation of all moveable assets and an amount representing the annual depreciation of all moveable assets listed in the inventory included in the Health Services Canada/First Nations Funding Agreement.

Funds for replacing items valued at less than \$1,000 are included as part of regular annual operating funds transferred to communities. Funds for replacing items which have been transferred to the community and have a replacement value of \$1,000 or more, are kept in a separate reserve call the Moveable Assets Reserve.

"Region" means the office of the Regional Director, First Nations and Inuit Health Branch, Health Canada.

4 REPORTING REQUIREMENTS

The following documents will be provided by the Band to meet accountability requirements for both the community members and Health Canada:

- Audit Report
- Annual Report to Community Members
- Annual Report to the Minister
- Reports on Mandatory Programs
- Evaluation Report

4.1 Audit Report

Funds received from Health Canada must be audited by an independent accredited auditor. An audit report examines the adequacy of financial controls and certifies that sound accounting principles have been followed, and that the terms and conditions of the Agreement have been met.

The auditor's report will include the following:

- an opinion on the adequacy of financial controls and on the Band's compliance with the "Terms and Conditions" of the Agreement (Attachment "1"); and
- the following two schedules:
 - *Report on Health Expenditures (Attachment "1-1") ; and
 - *Report on Moveable Assets Reserve (Attachment "1-2").

Note: These two schedules provide disclosure and visibility in the Band's audit report as to funds expended on health programs and services. Some Bands provide consolidated audit reports for their entire operation and Health Canada's revenue and expenditures are highlighted but in a summary manner. For a completed sample of the Auditor's Derivative Report see attachment 6. Another option is for the Band to provide a full audit report solely for Health Canada's programs with the appropriate details (see attachment 7).

4.1.1 Report on Health Expenditures (Attachment 1-1)

This schedule will show total health program transfer expenditures for the past fiscal year under the program/services outlined in the Band's Community Health Plan.

As a second option, Bands may choose to use the existing FNIHB reporting format as the basis for completing the "Report on Health Expenditures", (Attachment 1-1). As such, for information purposes only, Attachment 2, lists the Programs/Services.

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.

Note: The "Report on Health Expenditures" (Attachment 1-1) will be incorporated in the auditor's report as a schedule.

4.1.2 Report on Moveable Assets Reserve (Attachment 1-2)

This report describes the various financial transactions which have affected the Moveable Assets Reserve (MAR), 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 Transfer Agreement for the Moveable Assets Reserve;
- interest or other revenues generated from the Reserve;
- expenditures for the addition and replacement of moveable assets during the year; and
- closing balance in the Reserve.

Note: The "Report on Moveable Assets Reserve" (Attachment 1-2) will be incorporated in the auditor's report as a schedule.

4.1.3 The Auditor's Contract

The Band will enter into a contract with an individual or a firm to obtain auditing services. 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.

4.1.4 Qualifications of the Auditor

The Band's auditor must be:

- independent and must not be an employee of the Band; and
- qualified and recognized in the appropriate province or territory.

4.1.5 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:
 - financial and other reports required under the Transfer Agreement were completed and are accurate;
 - all resources expended were used for health related activities;
 - the MAR has been used only for the purpose stated in the Agreement;
 - the Band has a Community Health Plan which is updated on a regular basis to reflect changes to program priorities and objectives of the community;
 - immunization reports have been sent to the Region;
 - communicable diseases cases have been reported to provincial authorities and the Region;
 - where these services form part of the transfer agreement that:

the services of a Medical Health Officer (MHO) have been obtained where services are not provided by FNIHB (if applicable);

- 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.

4.1.6 Band Responsibilities

The Band will be responsible for:

- accurately recording program information 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 copy of the audit report to the Region within ninety (90) days following the end of the fiscal year; and
- making available to members a copy of the audit report, as well as the annual report to community members.

4.1.7 Health Canada Responsibilities

The FNIHB 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 the opinion and observations expressed by the auditor by:

- communicating with the Band concerning the



~~auditor's opinions and observations;~~

- developing a plan for corrective action with the Band, if required; and
- monitoring on a regular basis, and through subsequent audits, if corrective action has been taken by the Band.

4.1.8 Audit Default

In cases where the Band defaults in its obligation to provide the Minister with an audit report, the Minister may:

- require that an independent auditor, recognized in the province in which the Agreement was executed, be appointed immediately by the Band, at the Band's cost, and that the audited financial statements be delivered within a reasonable time as the Minister may determine; or
- appoint an independent auditor recognized in the province in which the agreement was executed and in which case:
 - the Band will provide the auditor, appointed by the Minister, with full access to its financial records and provide such other information as the auditor may require to perform the audit; and
 - the Band will reimburse Health Canada for all costs incurred in having the audit conducted.

4.2 Reports prepared by the Band

4.2.1 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 delivering the health programs and services, and for the use of the resources transferred to them in accordance with the health priorities and objectives in the Community Health Plan.

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.

4.2.2 Annual Report to the Minister

The Band shall, on an annual basis, and within ninety (90) days of the end of each fiscal year, provide the Minister with the following:

- an audit report by an independent accredited auditor;
- a summary report on the provision of mandatory programs, according to the requirements of the Transfer Agreement; and
- a copy of the annual report to the community members.

4.2.3 Reports on Mandatory Programs

The Band will prepare reports on the provision of the following mandatory programs, if 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 3) 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 Provincial authorities and to the Regions, where appropriate.

4.2.4 Evaluation Report

The evaluation provides valuable information for the



community for planning new programs or modifying existing programs. This information includes any changes in the health status of the members of the community.

The Transfer Agreement requires that the community complete an evaluation of its health programs and services for every five-year period of the transfer. The evaluation is conducted during the fourth year of the Transfer period. To assist the community in the completion of the evaluation, resources are provided to complete and submit an evaluation plan to FNIHB during the first year of the Transfer Agreement. The evaluation plan outlines a proposed strategy for conducting the evaluation, including a time frame. For more information on evaluation, see Handbook 2 and [A Guide for First Nations on Evaluating Health Programs](#), available from FNIHB.

The evaluation is designed to assess the effectiveness of community health programs and objectives, and to determine any changes in the health status of community members. The CHP must be updated regularly to reflect changes made to program priorities and objectives. The evaluation must be based on the current CHP.

4.2.5 Summary of Reporting Requirements

Refer to Attachment 4 for a description of all reporting requirements.

5 OTHER ACCOUNTING INFORMATION

Listing of Moveable Assets (Attachment 5)

This listing is a sample format of information for

moveable assets and is to be maintained by the Band or First Nation organization as part of its accounting system. The format and the system used to maintain a moveable asset listing and to track the assets is at the discretion of the Band.

A complete "Inventory", by facility, of all moveable assets initially transferred to the Band is normally attached to the Health Services Canada/First Nations Funding Agreement. This listing shows the model, date of purchase, and the cost of each moveable asset and vehicle acquired during the last completed fiscal year.

To be consistent with sound financial management practices, the "moveable assets inventory" should be amended on a regular basis by the Band when there are changes.

The list will be used to determine the value of the MAR at the time of any expansion or reconstruction of the existing health facility. Unless there is a current listing of MAR, financial adjustments to MAR may not be considered.

The "Listing of Moveable Assets" report will be made available by the Band to the Band's auditor, for audit purposes.

Note: The "Listing of Moveable Assets" need not be sent as a separate report to the Regional Offices, First Nations and Inuit Health Branch, since the Band's auditor will be reviewing the listing as part of his audit responsibilities and will be expressing an opinion on the Band meeting the Terms and Conditions of the Agreement.



ATTACHMENT 1 - Auditor's Derivative Report

Auditor's Derivative Report

Sample Only

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

At the request of the _____ First Nation and in accordance with the Reporting and Auditing Guidelines established by your department, we have reviewed the financial information contained in The Report on Health Expenditures and in The Report on Moveable Assets Reserve. This information was found to be consistent with the audited financial statements for the year ended _____ .

We have also reviewed the terms and conditions of your agreement with _____ First Nation and during the course of our audit did not encounter any instances where the terms and conditions were not met.

In addition, we have certified that the services of a Medical Officer of Health are available, that nurses are registered with their provincial association, that the Environmental Health Officer is certified as a Public Health Inspector and that mandatory reporting concerning immunization and communicable diseases has been completed and sent to the Province.*

This report is provided solely for the purpose of assisting Health Canada in discharging its responsibilities and should not be referred to or used for any other purpose.

***NOTE: The mandatory program requirements listed in this opinion may or may not be applicable depending on the programs transferred.**

ATTACHMENT 1-1 - Schedule - Report on Health Expenditures

Schedule - Report on Health Expenditures

BAND: _____

FISCAL YEAR: 1999/200__

FUNDS AVAILABLE

Surplus/Deficit from previous years \$ _____

Funds from Health Services Canada/First Nations Funding Agreement \$ _____

TOTAL FUNDS AVAILABLE \$ _____

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)

1. _____ \$ _____

2. _____ \$ _____

ATTACHMENT 1-2- Schedule - Report on Moveable Assets Reserve (MAR)

Schedule - Report on Moveable Assets Reserve (MAR)

BAND: _____

FISCAL YEAR: 1999 /200__

Balance at the beginning of Fiscal Year		\$ _____
	PLUS	
Amount provided in Agreement for MAR		\$ _____
	PLUS	
Revenues Generated		\$ _____
	MINUS	
Replacements during the Year		\$ _____
Balance at the end of the Fiscal Year		\$ _____

ATTACHMENT 2 - List of FNIHB Programs/Services

NOTE: This Attachment is a sample list provided to assist the Band choosing to utilize the FNIHB activity reporting format to complete the "Report on Health Expenditures" (Attachment "1-1"). The Band should group the programs and services in accordance with the priorities and resources identified in the Community Health Plan.

- 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 Therapy Services;
- NNADAP - Prevention;
- NNADAP - Treatment;
- Environmental Health;
- Brighter Futures;
- Health Careers;
- Home Nursing;
- Solvent Abuse;
- Prenatal Services;
- Other (specify).

ATTACHMENT 3 - Mandatory Programs and Their Reporting Requirements

Mandatory Programs and Their Reporting Requirements

NOTE: The mandatory program requirements listed in this opinion may or may not be applicable depending on the programs transferred.

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) Report on Communicable disease as required by Provincial Regulation; including contact-tracing and follow-up	Annual according to the federal or provincial immunization schedule identified in the Community Health Plan 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 which 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

ATTACHMENT 4 - Summary of Reporting Requirements

Summary of Reporting Requirements

Report	Information Required	Method/Frequency of Reporting
Annual Report to Community Members	<ul style="list-style-type: none"> • summary of programs and services • data on services, operations and results • challenges and changes in members health status • explanations for deviations from the CHP • audit report 	<ul style="list-style-type: none"> • report from Health Authority available each year to the entire community and FNIHB within 90 days after the end of the Band's fiscal year • copy as part of the Annual Report to the Minister
Reports on the Provision of Mandatory Programs	<ul style="list-style-type: none"> • separate requirements for communicable disease control, environmental health and treatment services; details provided in CHP-3, Handbook 2. 	<ul style="list-style-type: none"> • periodic reports to the provinces with copies to FNIHB as required by provincial and federal authorities for each mandatory program • annual summary as part of the Annual Report to the Minister
Audit Report	<ul style="list-style-type: none"> • auditor's opinion of Band's financial statements • compliance with terms and conditions of Agreement • report on health expenditures • report on Moveable Assets Reserve 	<ul style="list-style-type: none"> • report to FNIHB Regional Office within 90 days after the end of the Band's fiscal year • copy as part of the Annual Report to the Minister and of the Annual Report to community members.
Evaluation Report	<ul style="list-style-type: none"> • evaluation to be conducted in accordance with the Evaluation Plan during 4th year of transfer period to allow report to be completed in 5th year of transfer period • assessment of the effectiveness of community health programs and objectives • determination of any changes in health status of community members 	<ul style="list-style-type: none"> • report to community members and FNIHB for every 5-year period of transfer.
Annual Report to the Minister	<ul style="list-style-type: none"> • includes copy of Annual Report to community members, a summary of reports on mandatory programs, and a copy of the audit report 	<ul style="list-style-type: none"> • annually to FNIHB within 90 days after the end of the Band's fiscal year

ATTACHMENT 5 - Listing of Moveable Assets

LISTING OF MOVEABLE ASSETS			
FISCAL YEAR: 1999 /200__			
BAND:			
FACILITY			
Description	Model	Date of Purchase	Cost

* This listing is to be maintained by the Band.

ATTACHMENT 6 - Sample Auditor's Derivative Report

ATTACHMENT 6-1 - Sample: Auditor's Derivative Report

**GLASGOW & BROWN
CHARTERED ACCOUNTANTS**

**Peter Glasgow, CA
Sue Brown, CA**

**125 Main Street
Ottawa, Ontario K1A OL3
Telephone: (613) 945-1234
Fax: (613) 922-4567**

Sample: Auditor's Derivative Report

To the Minister of Health
c/o Regional Director
Alberta Region
First Nations and Inuit Health Branch
Health Canada

At the request of the Earth First Nation and in accordance with the Reporting and Auditing Guidelines established by your department, we have reviewed the financial information contained in The Report on Health Expenditures and in The Report on Moveable Assets Reserve. This information was found to be consistent with the audited financial statements for the year ended March 31, 2000.

We have also reviewed the terms and conditions of your agreement with Earth 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.

**Ottawa, Ontario
June 15, 2000**

**Glasgow and Brown
Chartered Accountants**

ATTACHMENT 6-2- Schedule - Report on Health Expenditures

SAMPLE ONLY

SCHEDULE - REPORT ON HEALTH EXPENDITURES

BAND: Earth First Nation

FISCAL YEAR: 1999/2000

FUNDS AVAILABLE

Surplus/Deficit from previous years	\$ 5,000
Funds from Health Services Canada/First Nations Funding Agreement	\$ <u>615,000</u>
TOTAL FUNDS AVAILABLE	<u>\$620,000</u>

EXPENDITURES

Administration	\$ 195,000
Nursing Services	\$ 105,000
Building Health Communities	\$ 165,000
Health Transfer Evaluation	\$ 20,000
Health Facilities Operations	\$ <u>125,000</u>
TOTAL EXPENDITURES	<u>\$610,000</u>

CLOSING BALANCE AT YEAR-END **\$ 10,000**

FUNDS FROM OTHER SOURCES (for information only)

Provincial Government Wellness Program \$65,000

ATTACHMENT 6-3 - Schedule - Report on Moveable Assets Reserve (MAR)

SAMPLE ONLY

SCHEDULE - REPORT ON MOVEABLE ASSETS RESERVE (MAR)

BAND: Earth First Nation

FISCAL YEAR: 1999 /2000

Balance at the beginning of Fiscal Year		\$ 75,000
	PLUS	
Amount provided in Agreement for MAR		\$ 15,000
	PLUS	
Revenues Generated (interest income)		<u>\$ 1,200</u>
SUB TOTAL		<u>\$91,200</u>
	MINUS	
Replacements during the Year		<u>\$ 6,708</u>
BALANCE AT THE END OF THE FISCAL YEAR		<u>\$ 83,292</u>

ATTACHMENT 7 - Sample Audit Report
for Health Services Canada/First Nations Funding Agreement

ATTACHMENT 7-1 - Sample Audit Report for Health Services Canada/First Nations Funding Agreement

Contents of Audit Report

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ATTACHMENT 7-2 - Auditor's Report

SAMPLE ONLY

**Dent and Associates
CHARTERED ACCOUNTANTS**

**Peter Dent, CA
Sue Black, CA**

**130 Cushion Street
Ottawa, Ontario K1A 0L3
Telephone: (613) 123-4567
Fax: (613)123-4568**

Auditor's Report

To the Board of the Sun First Nation

We have audited the balance sheet of Sun First Nation as at March 31, 2000, and the statements of moveable assets reserve, revenue, expenditure and accumulated surplus (deficit) and cash flows for the year then ended. These financial statements are the responsibility of the Sun First Nation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted are audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements presented fairly, in all material respects, the financial position of Sun First Nation as at March 31, 2000 and the results of its operations and its cash flows for the year then ended in accordance with generally accepted accounting principles.

We have also reviewed the terms and conditions of the agreement between Health Canada and Sun 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.

Ottawa, Ontario

June 15, 2000

**Dent and Associates
Chartered Accountants**

ATTACHMENT 7-3 - Sample Balance Sheet

Sun First Nation
BALANCE SHEET
AS AT MARCH 31, 2000

ASSETS		
CURRENT ASSETS	2000	1999
Prepaid Expenses	\$ 10,500	\$ 9,800
Accounts receivable, Schedule 1	<u>\$ 389,500</u>	<u>\$ 385,700</u>
	<u>\$ 400,000</u>	<u>\$ 395,500</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable, Schedule 1	<u>\$ 36,500</u>	<u>\$ 2,000</u>
EQUITY		
ACCUMULATED SURPLUS (DEFICIT)	\$ 276,000	\$ 320,000
MOVEABLE ASSETS RESERVE, Attachment 7-4	<u>\$ 87,500</u>	<u>\$ 73,500</u>
EQUITY AS AT MARCH 2000	<u>\$ 364,000</u>	<u>\$ 394,000</u>
	<u>\$ 400,000</u>	<u>\$ 395,500</u>

Approved By:

_____ Chief

_____ Councillor

ATTACHMENT 7-4 - Statement of Moveable Assets Reserve

Sun First Nation

STATEMENT OF MOVEABLE ASSETS RESERVE

FOR THE PERIOD ENDING MARCH 31, 2000

	2000	1999
BALANCE AT BEGINNING OF YEAR	\$ 71,500	\$ 50,500
AMOUNT PROVIDED IN AGREEMENT FOR MAR	<u>\$ 16,000</u>	<u>\$ 17,000</u>
	\$ 87,500	\$ 67,500
EXPENDITURES		<u>\$ 6,000</u>
BALANCE OF END OF YEAR	<u>\$ 87,500</u>	<u>\$ 73,500</u>

ATTACHMENT 7-5 - Sample Combined Statement of Revenue, Expenditure and Accumulated Surplus

Sun Fist Nation

COMBINED STATEMENT OF REVENUE, EXPENDITURE AND ACCUMULATED SURPLUS

FOR THE PERIOD ENDING MARCH 31, 2000

	2000	1999
REVENUE		
Health Services Canada/First Nations Funding Agreement	\$ 875,500	\$ 834,500
Other	<u>\$ 10,500</u>	<u>\$ 5,500</u>
	<u>\$ 886,000</u>	<u>\$ 814,000</u>
EXPENDITURE, Attachment 7-6		
Administration	\$ 165,000	\$ 98,000
Health Authority Management	\$ 395,000	\$ 400,000
Health Station Operations	\$ 52,000	\$ 35,000
Building Operation and Maintenance	\$ 135,000	\$ 140,000
Community Health Programs	\$ 113,000	\$ 110,000
Building Healthy Communities	\$ 45,000	\$ 47,000
Health Transfer Evaluation	<u>\$ 25,000</u>	—
	<u>\$ 930,000</u>	<u>\$ 830,000</u>
EXCESS REVENUE (EXPENDITURE)	(44,000)	(16,000)
ACCUMULATED SURPLUS AT BEGINNING OF YEAR	<u>320,000</u>	<u>304,000</u>
ACCUMULATED SURPLUS AT END OF YEAR	<u>\$ 276,000</u>	<u>\$ 320,000</u>

ATTACHMENT 7-6 - Sample Schedule of Expenditure

Sun First Nation, Schedule of Expenses, For the year ending March 31, 2000

	Budget	2000 Actual	1999 Actual
ADMINISTRATION			
Director's salary	\$36,000	\$ 35,000	\$ 33,000
Assistant director's salary	\$ 19,000	\$ 17,000	\$ 18,000
Financial clerk	\$ 23,000	\$ 22,000	
Secretary's salary	\$ 18,000	\$ 17,000	\$ 16,000
Employee's benefits	\$ 11,000	\$ 9,500	\$ 9,400
Staff bonuses	\$ 14,000		\$ 2,000
Travel	\$ 34,000	\$ 37,000	\$ 9,000
Office supplies	\$ 17,000	\$ 18,000	\$ 4,000
Insurance	\$ 3,000	\$ 4,000	\$ 2,500
Audit fees	\$ 6,000	\$ 5,375	\$ 4,000
Bank charges	\$ 100	\$ 125	\$ 100
Miscellaneous	<u>\$ 9,000</u>	—	—
	<u>\$ 190,100</u>	<u>\$165,000</u>	<u>\$ 98,000</u>
HEALTH AUTHORITY MANAGEMENT			
Moon Tribal Council	\$ 415,000	\$ 380,000	\$ 385,000
Earth Tribal Council	<u>\$ 5,000</u>	<u>\$ 15,000</u>	<u>\$ 15,000</u>
	<u>\$ 420,000</u>	<u>\$ 395,000</u>	<u>\$ 400,000</u>
HEALTH STATION OPERATION			
Telephone	\$ 10,000	\$ 10,500	\$ 10,100
Supplies	\$ 22,500	\$ 30,200	\$ 15,000
Equipment	\$ 3,000	\$ 6,500	\$ 5,000
Sundry	\$ 5,000	\$ 3,000	\$ 4,500
Vehicle	\$ 800	\$ 400	
Educational material	—	<u>\$ 1,000</u>	—
	<u>\$ 40,500</u>	<u>\$ 52,000</u>	<u>\$ 35,000</u>
BUILDING OPERATION AND MAINTENANCE			
Caretaker and janitorial	\$ 49,000	\$ 51,000	\$ 48,000
Hydro	\$ 52,000	\$ 63,000	\$ 60,000
Insurance	\$ 10,000	\$ 8,000	\$ 11,000
Fuel	\$ 10,000	\$ 4,000	\$ 11,000
Supplies	\$ 5,000	\$ 6,000	\$ 4,000
Casual labour	\$ 2,000	\$ 2,500	\$ 1,500
Repairs and maintenance	\$ 1,500	\$ 500	\$ 3,100
Sundry	<u>\$ 4,500</u>	—	<u>\$ 1,400</u>
	<u>\$ 134,000</u>	<u>\$ 135,000</u>	<u>\$ 140,000</u>
COMMUNITY HEALTH PROGRAMS			
Community health representatives	\$ 30,000	\$ 32,000	\$ 29,000
Referral clerks	\$ 27,000	\$ 27,000	\$ 31,000
Alcohol and drug abuse	\$ 17,000	\$ 20,000	\$ 19,000
Public Health worker	<u>\$ 26,000</u>	<u>\$ 34,000</u>	<u>\$ 31,000</u>
	<u>\$ 100,000</u>	<u>\$ 113,000</u>	<u>\$ 110,000</u>
BUILDING HEALTHY COMMUNITIES			

Report and Auditing Guidelines for Health Services Canada/First Nations Funding Agreement

Resource coordinator	<u>\$ 29,000</u>	<u>\$ 20,000</u>	<u>\$ 26,500</u>
Mental health worker	<u>\$ 21,500</u>	<u>\$ 25,000</u>	<u>\$ 20,500</u>
	<u>\$ 50,500</u>	<u>\$ 45,000</u>	<u>\$ 47,000</u>
HEALTH TRANSFER EVALUATION	<u>\$ 15,000</u>	<u>\$ 25,000</u>	<u> </u>
TOTAL EXPENDITURE	<u>\$ 950,100</u>	<u>\$ 930,000</u>	<u>\$ 830,000</u>

ATTACHMENT 7-7 - Sample Cash Flow Statement

Sun First Nation

CASH FLOW STATEMENT

FOR THE PERIOD ENDED MARCH 31, 2000

CASH FLOW FROM OPERATING ACTIVITIES	2000	1999
Excess Expenditure	\$(44,000)	\$ (16,000)
Net changes in non-cash working capital balances related to operations		
Accounts receivable	\$ 69,900	\$ (51,700)
Accounts payable and accrued liabilities	\$ 34,500	\$ 300
Due from Moon Tribal Council - administration	<u>\$ (76,000)</u>	<u>\$ 57,000</u>
	\$ (16,500)	\$ (10,400)
CASH FLOW FROM INVESTING ACTIVITIES	<u>\$ 16,500</u>	<u>\$ 10,400</u>
CASH POSITION AT END OF YEAR	<u>\$ 0</u>	<u>\$ 0</u>

ATTACHMENT 7-8 - Notes to Financial Statements

SAMPLE ONLY

Notes to Financial Statements

1. SIGNIFICANT ACCOUNTING POLICIES

1.01 Organization

The purpose of the Health Authority is to deliver health services to the Sun First Nation.

1.02 Capital Assets

The acquisition of capital assets are not capitalized on the balance sheet and are expensed directly to the appropriate program and/or reserve. Except for assets funded by long term debt; which are amortized based on the decrease in the long term debt.

1.03 Incomplete Projects

Revenue and expenditures incurred in the current year on behalf of incomplete projects are deferred until the next year by including them in incomplete projects on the balance sheet.

1.04 Revenue and Expenditure

Revenue is recognized on the accrual basis over the period which it is intended to be spent. When a project or program extends beyond the fiscal year end, revenues and expenditures are accrued as incurred to the year end date and the results to that date included in fund balance, except in case of incomplete projects as described above.

2. SURPLUS (DEFICIT)

A portion of this balance included surpluses and/or deficits from funds contributed by government agencies. Such surpluses/deficits may be subject to repayment or recovery by the contributing agencies, depending on the terms and conditions of the relevant agreements.

3. MOVEABLE ASSETS RESERVE

Under the terms of the Health Services Canada/First Nations Funding Agreement the initial lump sum, interest and an annual amount are to be placed in a reserve for the replacement of assets. Expenditures for the replacement or substitutions are charged to the reserve during the year.

ATTACHMENT 7-9 - Sample Schedule 1

Sun First Nation

SCHEDULE TO FINANCIAL STATEMENTS

MARCH 31, 2000

ACCOUNTS RECEIVABLE

	2000	1999
Moon Tribal Council		\$ 70,000
Due from Health Canada	<u>\$ 389,500</u>	<u>\$ 315,700</u>
	<u>\$ 389,500</u>	<u>\$ 385,700</u>

ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

First Nations Health Authority	\$ 34,000	
HFA Airlines		\$ 1,500
Connors Utilities	\$ 1,300	
Tolley Stationary	<u>\$ 1,200</u>	<u>\$ 500</u>
	<u>\$ 36,500</u>	<u>\$ 2,000</u>

**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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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

Submitted

a. Non-Registered On-Reserve Population (NRORP)

- < NRORP Band Population Report
Due annually - February 16 - See Guide _____
- < NRORP Collection Form
Due annually - February 16 - See Guide _____
- < NRORP Certificate Form
Due annually - February 16 - See Guide _____

b. Environmental Assessment

- < Environmental Compliance Report
Due annually - June 30 _____
- < CEAA - Environmental Assessment Report
Due prior to approval of any project with potential environmental impact _____

c. Indian Registration and Band Lists

- < Certificate of Indian Status Register
Due monthly _____

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 (PSE)

- < Register and of PSE Students
Due annually - December 31 _____
- < Register of PSE Graduates/Summary Total of PSE Funded Students
Due annually - December 31 _____

g. First Nations and Inuit Youth Employment Strategy

- < Evaluation Reports
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 Annual Report
Due annually - May 31 _____
- < National Strategy for Integration of Persons with Disabilities Annual Report
Due annually - May 31 _____
- < Family Violence Projects Annual Report
Due annually - May 31 _____
- < Community Social Services Projects Annual Report
Due annually - May 31 _____
- < Day Care Facilities/Head Start Program Annual Report
Due annually - May 31 _____

i. Economic Development

- < Economic Development Report
Due annually - June 30 _____
- < Opportunity Fund and Resource Acquisition Initiative Project Status Report
Due 12 months after project startup _____
- < Major Business Projects Program Project Status Report
Due one, three and five years after project startup _____
- < Resource Partnership Program (RPP) Project Status Report
Due one, three and five years after CEDO has received funding. _____
- < Regional Partnership Fund (RPF) Project Status Report
DUE on June 30 or 90 days after the full disbursement of the contribution on the first
year, and on June 30 on the third and fifth year. _____

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 Annual Report
Due annually - March 31 _____
- < Completed ACRS Projects Annual Report
Due annually - March 31 _____
- < Asset Operation and Maintenance (O&M) Review Annual Report
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)

- < Contact Region

o. Health Services Canada Transfer Agreements (Health Canada)

- < Health Services Reporting and Auditing Guidelines
Due dates set by region _____

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

Recipient Name: _____
Agreement No: _____

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 G No G**

Was an environmental assessment decision made on each project before work commenced? **Yes G No G**

Were all appropriate mitigation measures identified during the environmental assessment process and follow-up programs included in the environmental assessment decisions implemented? **Yes G No G**

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 G No G**

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:

Name	Signature
Date	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 G No G

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 G No G Band controls own list G

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:

Name	Signature
Date	Position

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 G No G**
- < 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 G No G**
- < 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 G No G**
- < 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 G No G**
- < 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 G No G**

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 G No G**
- < 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 G No G**

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:

Name	Signature
Date	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 G No G
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 G No G

< Education standards permit students to transfer to the provincial school system without academic disadvantage.
Yes G No G

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:

Name	Signature
Date	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 G No G**
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 G No G**

< Formally available and publicly available benefits schedule. **Yes G No G**

< An established appeals process. **Yes G No G**

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:

Name	Signature
Date	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 G No G

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 G No G**

< A formally defined and publicly available benefits schedule specifying rates, conditions and criteria for eligibility. **Yes G No G**

< Provisions for the equitable treatment of all reserve residents. **Yes G No G**

< Impartial process for the appeal of administrative decisions. **Yes G No G**

< Procedures to ensure confidentiality of client information. **Yes G No G**

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:

Name	Signature
Date	Position

**AFA/FTA/CFNFA/DFNFA
Management Report
Pension Plan Funding**

Recipient Name: _____
Agreement No: _____

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 G No G**
- < Has the required documentation and fees been submitted to OSFI? **Yes G No G**
- < 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 Canada Customs and Revenue Agency? **Yes G No G**

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:

Name	Signature
Date	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 G No G
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 G No G**

< A qualified project manager is appointed for all projects. **Yes G No G**

< Feasibility studies are carried out when deemed necessary by the council. **Yes G No G**

< 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 G No G**

< All projects are inspected and certified for compliance with code requirements by qualified inspectors. **Yes G No G**

< 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 G No G**

< 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 G No G**

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:

Name	Signature
Date	Position

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 G No G
 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 G No G**
 - < Performance/level of service standards are identified for all assets. **Yes G No G**
 - < Minimum maintenance activities are planned for all assets. **Yes G No G**
 - < All activities are assigned to a responsible person to ensure their completion. **Yes G No G**
 - < A record is kept of all maintenance activities performed. **Yes G No G**
- 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:

Name	Signature
Date	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 G No G

If yes, please identify on an attached page.

- c. **Minimum Program Requirement:** Are fire protection services being provided on reserve as intended?

Yes G No G

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:

Name	Signature
Date	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 G No G
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 G No G
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:

Name	Signature
Date	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 G No G

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 G No G N/A G**

< Were the communicable diseases reported as required by provincial/federal legislation? **Yes G No G N/A G**

< Were the federal/provincial authorities notified within 24 hours of a disease with epidemic potential? **Yes G No G N/A G**

Treatment Services

< Do all community members have access to treatment services as specified in the Community Health Plan? **Yes G No G N/A G**

Environmental Health and Surveillance

< Do environmental health services meet provincial/federal environmental standards? **Yes G No G N/A G**

< Was the Minister of National Health and Welfare notified within 24 hours of the existence of any identified environmental hazards? **Yes G No G N/A G**

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 G No G N/A G**

Stocked Drugs

< Has the council entered into a contractual arrangement with a pharmaceutical firm for the purchase of its drugs and medical stocks? **Yes G No G N/A G**

< 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 G No G N/A G**

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 G No G N/A G**

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 G No G N/A G**
- < Has all information of a personal medical nature to which the council becomes privy been treated as confidential? **Yes G No G N/A G**

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:

Name	Signature
Date	Position