



Indian and Northern  
Affairs Canada

Affaires indiennes  
et du Nord Canada



# FIRST NATIONS NATIONAL REPORTING GUIDE

## 2003-2004

### VOLUME 1 - 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 Nations Funding Agreements



Canada

# VOLUME I - FORMS

## TABLE OF CONTENTS

|   |              |
|---|--------------|
| <b>INTRODUCTION AND USER GUIDE</b> .....  | <b>TAB A</b> |
| <b>NON-REGISTERED ON-RESERVE POPULATION (NRORPS)</b> .....  | <b>TAB B</b> |
| <b>ENVIRONMENTAL ASSESSMENT</b> .....   | <b>TAB C</b> |
| <b>LANDS AND TRUST SERVICES</b> .....   | <b>TAB D</b> |
| (Includes: Land Management and Transfers, Indian Registry, Band Governance)   |              |
| For Resource Access Negotiations (RAN) Program SEE TAB J - Economic Development   |              |
| <b>EDUCATION</b> .....  | <b>TAB E</b> |
| Elementary/Secondary Education .....  | section 1    |
| Post-Secondary Education .....  | section 2    |
| Cultural Education .....  | section 3    |
| <b>FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY</b> .....  | <b>TAB F</b> |
| <b>SOCIAL DEVELOPMENT</b> .....   | <b>TAB G</b> |
| First Nations Funded on a REIMBURSEMENT Basis .....   | section 1    |
| First Nations Funded through Fixed Volume Alternative Funding Agreements (AFA) .....  | section 2    |
| First Nations Funded through Fixed Volume Financial Transfer Agreements(FTA)/<br>Canada/First Nation Funding Agreements (CFNFA)/<br>DIAND/First Nation Funding Agreements (DFNFA) ..... | section 3    |
| <b>INDIAN GOVERNMENT SUPPORT</b> .....  | <b>TAB H</b> |
| <b>CAPITAL</b> .....  | <b>TAB I</b> |
| Operation and Maintenance of Infrastructure - Assets and Facilities .....   | section 1    |
| Community Capital Facilities Service Delivery (Includes Housing) .....  | section 2    |
| <b>ECONOMIC DEVELOPMENT</b> .....   | <b>TAB J</b> |
| <b>OTHER PROGRAM REPORTING</b> .....  | <b>TAB K</b> |
| (Includes Policing and Health Transfer Services)  |              |
| <b>ANNUAL RETURN MANAGEMENT REPORT</b> .....  | <b>TAB L</b> |

# W H A T ' S N E W ?

## **TAB C - ENVIRONMENTAL ASSESSMENT**

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.

## **TAB E - EDUCATION REFORM**

Reporting for Education Reform activities (formerly under Gathering Strength) can now be found in the Elementary/Secondary section of the Education Program.

## **TAB F - FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY (FNIYES)**

A generic evaluation report has been designed for reporting on all youth employment activities. For specific activities, please refer to the program guidelines available from your regional FNIYES coordinator. Comprehensive evaluation reports will be available from your regional office for reporting on all youth employment activities as per the Terms and Conditions of the funding agreements for each program.

## **TAB G - SOCIAL DEVELOPMENT**

Effective September 28, 2001, DIAND's Comprehensive Funding Arrangement funding authority for Other Social Services was limited to Day Care under the 1965 Indian Services Welfare Agreement and the Alberta Administration Reform Agreement. All reporting is limited to day care activities under these two agreements.

## **TAB H - INDIAN GOVERNMENT SUPPORT**

- ▶ **New Form for Tribal Councils:** A new form has been developed for Tribal Councils to report to their member bands and to DIAND on the advisory services and programs they deliver. The Tribal Council Program Annual Report is similar to the one introduced in the spring of 2002. This report was developed in conjunction with regional DIAND officials with input from tribal councils. It standardizes existing reporting requirements which will assist in ensuring that the overall results of expenditures in terms of the efficiency and effectiveness of programs and services are clearly documented and reported. The report will also help Tribal Councils to assess their performance and compare with other Tribal Councils.
- ▶ **Continued 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 in following years, an annual 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 funding is as the maximum defined by the formula, other local administration support such as Band Employee Benefits or Indian/Inuit Management Development funding may be used as applicable under current policy.



## **TAB J - ECONOMIC DEVELOPMENT**

- ▶ All programs except the Community Economic Development Program: to simplify reporting, data elements which DIAND collects through the application process (e.g. business ownership, location, description, expected sources and uses of funds) have been eliminated from the reports in this guide and reporting on long-term benefits has been streamlined.
- ▶ **Business Equity Programs (Opportunity Fund, Resource Acquisition Initiative, Major Business Projects Program):** regarding reporting of economic benefits, we are asking businesses to provide additional information on community members trained on the job; value of contracts awarded to or purchases made from community businesses; and value of payments to community governments through rents, royalties, taxes, etc. This information is readily available within the business. Reports are due (1) within three months after the first business year-end that includes the completion of the project work plan, and (2) two and four years after the due date of the first report, as required in the funding agreement
- ▶ **Resource Partnerships Program (RPP) and Regional Partnerships Fund (RPF)- Project Status Reports:** We are asking for progress reporting for projects underway, completion reports for projects that have just been completed, and community benefits reporting for projects that have been completed for at least a year. For 2003-2004 reports are due (1) within 120 days after the end of any fiscal year during which funds have been provided, (2) within 120 days after the end of the first fiscal year following the last fiscal year for which funds have been provided, and (3) within 120 days after the end of the third and fifth years following the last fiscal year for which funds have been provided if required in the funding agreement

## **TAB K - POLICING (SOLICITOR GENERAL)**

Reporting Requirements have been updated for First Nations that have agreements with the Solicitor General of Canada to provide policing services.

**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 Volume I - Forms, Tab L - Annual Return Management Report,.

The FNNRG 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 and is divided into two volumes:

**Volume I: Forms** → contains all reporting forms and instructions by program reporting type.

**Volume II: Reference** → contains program overviews, key terms, reporting requirement summaries, and data element definitions.

**Data Element Definitions**

Many of the data element definitions 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:**

- ① as a quick reference for First Nations administrators who are already familiar with reporting procedures and the forms used; and
- ② 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>.

In this section....

Who Should Use this Guide? . . . . . 2

Why Is Reporting Necessary? . . . . . 2

Funding Arrangements and Authorities . . . . . 4

First Nations Data Reporting Schedule 2003-2004 . . . . . 6

DIAND Regional Offices . . . . . 9

DIAND Regional Contacts . . . . . 10

## INTRODUCTION

### 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/<br>CFNFA/<br>DFNFA |
|--|-----|--------|-------------------------|
| <b>Non-Registered On-Reserve Population</b>  | ■   | ■      | ■                       |
| <b>Environmental Assessment</b>  | ■   | ■      | ■                       |
| <b>Lands and Trust Services</b><br><b>Includes:</b> Land Management and Transfers, Indian Registry, Band Governance<br>For Resource Access Negotiations (RAN) Program see TAB J - Economic Development | ■   | ■      | ■                       |
| <b>Education</b><br><b>Includes:</b> Elementary/Secondary and Post-Secondary Education, Cultural Centres   | ■   | ■      | ■                       |
| <b>First Nation &amp; Inuit Youth Employment Strategy Program</b>  | ■   | ■      | ■                       |
| <b>Social Development (<i>Reimbursement of actual eligible costs</i>)</b>  | ■   |        |                         |
| <b>Social Development (<i>Multi-year Agreements</i>)</b>   |     | ■      | ■                       |
| <b>Indian Government Support</b>   | ■   | ■      | ■                       |
| <b>Capital:</b><br>- Operation and Maintenance of Infrastructure Assets and Facilities,<br>- Community Capital Facilities Service Delivery (Including Housing)   | ■   | ■      | ■                       |
| <b>Economic Development</b>  | ■   | ■      | ■                       |
| <b>Other Program Reporting</b><br>- Policing (Solicitor General of Canada)<br>- Health (Health Canada)   | ■   | ■<br>■ | ■<br>■                  |
| <b>Annual Return Management Report</b>   |     | ■      | ■                       |

**If you have any questions, contact your DIAND regional office (*list is on page 9*).**

### 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.

## INTRODUCTION

---

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
- ▶ expenditures are effectively 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 Human Resources Development Canada (formerly Labour Canada). 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 accountable to the members of the public they represent. Being accountable requires governing bodies to be answerable to their members for their decisions. First Nations have a responsibility to their members to make the most effective and efficient use of all funds allocated to the First Nation. Similarly, DIAND must demonstrate to the Canadian public, through the Minister, Parliament and agencies, such as the 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, through 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.

## INTRODUCTION

---

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 housing shortages.

### **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.

## 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 9 or the Director, Transfer Payments, at 819-997-0667.



## INTRODUCTION

---

### **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](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 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.

### **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](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](http://www.ainc-inac.gc.ca/pr/pub/cana_e.html)

# FIRST NATIONS DATA REPORTING SCHEDULE 2003-2004

| TA<br>B                                    | CFA   | AFA              | FTA<br>CFNFA<br>DFNFA                     | Database / Program Reports<br>(Summary)   | First Nations<br>Collection Period /<br>Census Date                                    | DUE DATES<br>First Nations to<br>Regions                                  |
|--|---|------------------|---|---|--|---|
| <b>B</b>                                   | <b>NON-REGISTERED ON-RESERVE POPULATION (NRORP)</b>   |                  |   |   |  |   |
|  |   |                  |   | NRORP Band Population Report <i>(to verify and update individuals)</i> TPMS RR CODE: 0150   | <b>December 31</b>   | <b>February 15</b>  |
|  |   |                  |   | NRORP Collection Form <i>(to add new individuals)</i> TPMS RR CODE: 0151  |  |   |
|  |   |                  | NRORP Certificate Form TPMS RR CODE: 0152 |   |  |   |
| <b>C</b>                                   | <b>ENVIRONMENTAL ASSESSMENT</b>   |                  |   |   |  |   |
|  | ■   | ■                | ■   | Environmental Compliance Report TPMS RR CODE: 0001  | Annually (previous<br>fiscal year)   | June 30   |
|  | ■   | ■                | ■   | CEAA: Environmental Assessment Report TPMS RR CODE: 0002<br><b>Please Note:</b> Due to legislative changes to the <i>Canadian Environmental Assessment Act</i> and the proposed Species at Risk Act, the Environmental Assessment report will be subject to change during the fiscal year | prior to approval of<br>any project with<br>potential<br>environmental<br>impact       | Contact Region  |
| <b>D</b>                                   | <b>LANDS AND TRUST SERVICES (Resource Access Negotiations (RAN) Program - see Tab J - Economic Development)</b> |                  |   |   |  |   |
|  | <b>Land Management and Transfers</b>  |                  |   |   |  |   |
|  | ■   | ■                | ■   | Quarterly Report on Rentals and Receivables TPMS RR CODE: 0004  | Annually or twice<br>yearly  | Contact Region  |
|  | ■   | ■                | ■   | Summary Report of Land Management Transactions TPMS RR CODE: 0003   | Project-by-project   |   |
|  | <b>Indian Registration</b>  |                  |   |   |  |   |
|  | ■   | ■                | ■   | Indian Registry Data Entry TPMS RR CODE: 0008   | Monthly  | Contact Region  |
|  | ■   | ■                | ■   | Indian Register Events Reports Summary TPMS RR CODE: 0007   |  |   |
|  | ■   | ■                | ■   | Certificate of Indian Status Register TPMS RR CODE: 0012  |  |   |
|  | <b>Band Governance</b>  |                  |   |   |  |   |
|  | ■   | ■                | ■   | Electorate Officer's Report (Section 74 bands) TPMS RR CODE: 0009   | Two weeks<br>following every<br>general election<br>and by-election                    | Contact Region  |
|  | ■   | ■                | ■   | Custom Election Report TPMS RR CODE: 0010   |  |   |
|  | <b>E</b>  | <b>EDUCATION</b> |   |   |  |   |
| <b>E1 - ELEMENTARY/SECONDARY EDUCATION</b> |   |                  |   |   |  |   |
| ■  |   | ■                | ■   | 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<br>school year  | Annually soon after<br>beginning school<br>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   |
| ■  |   | ■                | ■   | Education Reform - Evaluation Report (Only where applicable)<br>Initial Report TPMS RR CODE: 0225<br>Final Report TPMS RR CODE: 0226  | Annually   | Initial: October 31<br>Final: July 31                                     |
| <b>E2 - POST-SECONDARY EDUCATION (PSE)</b> |   |                  |   |   |  |   |
| ■  |   | ■                | ■   | Register of PSE Students TPMS RR CODE: 0030   | November 1   | 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   |
| <b>E3 - CULTURAL EDUCATION</b>             |   |                  |   |   |  |   |
| ■  |   | ■                | ■   | Cultural Education Annual Activity Report TPMS RR CODE: 0025  | Annually   | Set by Region   |
| <b>F</b>                                   | <b>FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY</b>  |                  |   |   |  |   |
|  | ■   | ■                | ■   | Evaluation Report<br><br>(summer activities) TPMS RR CODE: 0038<br>(summer employment) TPMS RR CODE: 0040<br>(school-based activities) TPMS RR CODE: 0035<br>(youth work experience) TPMS RR CODE: 0034   | Annually   | summer activities:<br>September 15<br>school year<br>activities: March 31 |
|  |   |                  |   | Participant Evaluation Form   | <i>not mandatory but used to determine<br/>whether programs meet participant needs</i> |   |

# FIRST NATIONS DATA REPORTING SCHEDULE 2003-2004

| TA<br>B   | CFA | AFA | FTA<br>CFNFA<br>DFNFA | Database / Program Reports<br>(Summary)   | First Nations<br>Collection Period /<br>Census Date | DUE DATES<br>First Nations to<br>Regions |
|---|-----|-----|-----------------------|---|---|--|
| <b>G SOCIAL DEVELOPMENT</b>                       |     |     |                       |   |   |  |
| <b>G1 - Social Assistance</b>                     |     |     |                       |   |   |  |
| ■   |     |     |                       | Social Assistance Monthly Reports<br>TPMS RR CODE: 0041   | Monthly   | Contact Region                           |
|   | ■   | ■   |                       | Social Assistance Annual Reports<br>TPMS RR CODE: 0057  | Annually  | May 31                                   |
| <b>G2 - National Child Benefit (NCB)</b>          |     |     |                       |   |   |  |
| ■   | ■   | ■   |                       | National Child Benefit (NCB) First Nations Annual Report on Reinvestment<br>TPMS RR CODE: 0059  | Annually (previous fiscal year)                     | Contact Region                           |
| <b>G3 - Social Support Services</b>               |     |     |                       |   |   |  |
| ■   |     |     |                       | Child and Family Services Maintenance Monthly Report<br>TPMS RR CODE: 0045  | Monthly   | 15 days after months end                 |
| ■   |     |     |                       | Child and Family Services Operational Report<br>TPMS RR CODE: 0047  | Annually or twice 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> )<br>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> )<br>TPMS RR CODE: 0044          | Annually or twice yearly                            | Contact Region                           |
| ■   |     |     |                       | Adult Services Monthly Report<br>TPMS RR CODE: 0050   | Monthly   | 15 days after months end                 |
|   | ■   | ■   |                       | Adult Services Annual Report<br>TPMS RR CODE: 0050  | Annually (previous fiscal year)                     | May 31                                   |
| ■   | ■   | ■   |                       | National Strategy for Integration of Persons with Disabilities Annual Report<br>TPMS RR CODE: 0051  |   |  |
| ■   | ■   | ■   |                       | Family Violence Projects Annual Report<br>TPMS RR CODE: 0048  |   |  |
| ■   | ■   | ■   |                       | Family Violence Shelters Annual Report<br>TPMS RR CODE: 0053  |   |  |
| ■   |     |     |                       | Community Social Services Projects Annual Report (applies to CFA First Nations in <b>Ontario</b> and <b>Alberta</b> only)<br>TPMS RR CODE: 0055   |   |  |
| ■   |     |     |                       | Day Care Facilities/ Head Start Program Annual Report (applies to CFA First Nations in <b>Ontario</b> and <b>Alberta</b> only)<br>TPMS RR CODE: 0046                                      |   |  |
|   | ■   | ■   |                       | Community Social Services Projects Annual Report<br>TPMS RR CODE: 0055  |   |  |
|   | ■   | ■   |                       | Day Care Facilities/ Head Start Program Annual Report<br>TPMS RR CODE: 0046   |   |  |
| <b>H INDIAN GOVERNMENT SUPPORT</b>                |     |     |                       |   |   |  |
| <b>Band Support Funding (BSF)</b>                 |     |     |                       |   |   |  |
| ■   | ■   | ■   |                       | Application for Grant Band Support Funding<br>TPMS RR CODE: 0063  | Annually (previous fiscal year)                     | Contact Region                           |
| ■   | ■   | ■   |                       | Eligible Unaffiliated Large Band Advisory Services Annual Report<br>TPMS RR CODE: 0061  |   |  |
| <b>Tribal Council Funding</b>                     |     |     |                       |   |   |  |
| ■   | ■   | ■   |                       | Application for Grant Band Support Funding* ( <i>same form as that used for band support funding</i> ) <b>Only Where Applicable</b><br>TPMS RR CODE: 0062                                 | Annually (previous fiscal year)                     | Contact Region                           |
| ■   | ■   | ■   |                       | Tribal council program annual report<br>TPMS RR CODE: 0064  |   |  |
| <b>Band Employee Benefits Program</b>             |     |     |                       |   |   |  |
| ■   |     |     |                       | Application for Band Employee Benefits Funding<br>TPMS RR CODE: 0065  | Annually (previous fiscal year)                     | May 31                                   |
| ■   |     |     |                       | List of Eligible Employees<br>TPMS RR CODE: 0066  |   |  |
| ■   | ■   | ■   |                       | Pension Plan Funding Annual Report<br>TPMS RR CODE: 0068  |   |  |
| <b>Indian/Inuit Management Development (IIMD)</b> |     |     |                       |   |   |  |
| ■   | ■   | ■   |                       | Program Proposal<br>TPMS RR CODE: 0070  | Project-by-project                                  | Contact Region                           |

**FIRST NATIONS DATA REPORTING SCHEDULE 2003-2004**

| TA<br>B | CFA   | AFA | FTA<br>CFNFA<br>DFNFA | Database / Program Reports<br>(Summary)                    | First Nations<br>Collection Period /<br>Census Date | DUE DATES<br>First Nations to<br>Regions  |   |
|---------|---|-----|-----------------------|--|---|---|---|
|         |   |     |                       |  |   |   |   |
| I       | <b>CAPITAL</b>  |     |                       |  |   |   |   |
|         | <b>I1 - Operation and Maintenance of Infrastructure - Assets and Facilities</b> |     |                       |  |   |   |   |
|         | <b>Fire</b>   |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Fire Protection Services Summary Report                    | TPMS RR CODE: 0101                                  | Annually (previous<br>calendar year)  | March 31  |
|         | ■   | ■   | ■                     | Fire Losses Annual Report                                  | TPMS RR CODE: 0102                                  |   |   |
|         | <b>Housing and Infrastructure Assets</b>  |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Housing and Infrastructure Assets Annual Report            | TPMS RR CODE: 0108                                  | Annually (previous<br>fiscal year)  | March 31  |
|         | <b>Schools</b>  |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Schools Annual Report                                      | TPMS RR CODE: 0111                                  | Annually (previous<br>fiscal year)  | March 31  |
|         | <b>Capital Assets</b>   |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Changes in Capital Assets Annual Report                    | TPMS RR CODE: 0103                                  | Annually (previous<br>fiscal year)  | March 31  |
|         | ■   | ■   | ■                     | Completed ACRS Project Annual Report                       | TPMS RR CODE: 0104                                  |   |   |
|         | ■   | ■   | ■                     | Asset Operation and Maintenance (O&M) Review Annual Report | TPMS RR CODE: 0112                                  |   |   |
|         | ■   | ■   | ■                     | Maintenance Management Plan Annual Report                  | TPMS RR CODE: 0105                                  |   |   |
|         | <b>I2 - Community Capital Facilities Service Delivery (Including Housing)</b>   |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Community-Based Housing Plan Annual Report                 | TPMS RR CODE: 0123                                  | Annually (previous<br>calendar year)  | March 31  |
|         | <b>Capital Projects:</b>  |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Progress Report on Capital Projects                        | TPMS RR CODE: 0120                                  | Monthly   | Set by Funding<br>Agreement                                     |
|         | ■   | ■   | ■                     | Certificate of Completion for Capital Projects             | TPMS RR CODE: 0121                                  | Project-by-project  | 90 days after<br>completion                                     |
|         | ■   | ■   | ■                     | Five Year Capital Plan <i>Annual Update</i>                | TPMS RR CODE: 0122                                  | Annually (previous<br>calendar year)  | March 31  |
| J       | <b>ECONOMIC DEVELOPMENT</b>   |     |                       |  |   |   |   |
|         | <b>Community Economic Development Program (CEDP)</b>                            |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Economic Development Report                                | TPMS RR CODE: 0131                                  | Annually (previous<br>fiscal year)  | June 30   |
|         | ■   | ■   | ■                     | Economic Development Log - Part I                          |   | These log forms <u>are not</u> required for<br>submission. They are meant to assist<br>First Nations, Inuit and Innu complete the<br>Economic Development Report. |   |
|         | ■   | ■   | ■                     | Economic Development Log - Part II                         |   |   |   |
|         | <b>Opportunity Fund and the Resource Acquisition Initiative Program</b>         |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Project Status Report                                      | TPMS RR CODE: 0132                                  | Project-by-project  | 1, 2 and 4 years after<br>1 <sup>st</sup> business years<br>end |
|         | <b>Major Business Projects Program</b>  |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Project Status Report                                      | TPMS RR CODE: 0133                                  | Project-by-project  | 1, 2 and 4 years after<br>1 <sup>st</sup> business years<br>end |
|         | <b>Resource Partnerships Program</b>  |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | Project Status Report                                      | TPMS RR CODE: 0133                                  | Project-by-project  | 1, 3 and 5 years after<br>project startup                       |
|         | <b>Resource Access Negotiations (RAN) Program</b>                               |     |                       |  |   |   |   |
|         | ■   | ■   | ■                     | End of Project Report Form (project results)               | TPMS RR CODE: 0136                                  | Annually (previous<br>fiscal year)  | June 30   |
|         | <b>Regional Partnership Fund</b>  |     |                       |  |   |   |   |
| ■       | ■   | ■   | Project Status Report | TPMS RR CODE: 0133   | Project-by-project                                  | 1, 3 and 5 years after<br>project startup   |   |

# FIRST NATIONS DATA REPORTING SCHEDULE 2003-2004

| TA<br>B                        | CFA | AFA | FTA<br>CFNFA<br>DFNFA | Database / Program Reports<br>(Summary)                           | First Nations<br>Collection Period /<br>Census Date | DUE DATES<br>First Nations to<br>Regions |
|--------------------------------|-----|-----|-----------------------|---|---|--|
| <b>OTHER PROGRAM REPORTING</b> |     |     |                       |   |   |  |
| <b>K</b>                       |     |     | ■                     | Policing (Solicitor General)                                      |   | Contact Region                           |
|                                |     |     | ■                     | Health Services Reporting and Auditing Guidelines (Health Canada) |   |  |
| <b>L</b>                       |     | ■   | ■                     | ANNUAL RETURN MANAGEMENT REPORT                                   |   | Contact Region                           |

## LIST OF DIAND REGIONAL OFFICES

|  |   |
|--|---|
| <p><b>ALBERTA REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     630 Canada Place<br/>                     970 Jasper Avenue<br/>                     EDMONTON AB T5J 4G2<br/>                     Tel: (780) 495-2773<br/>                     Fax: (780) 495-3228</p>   | <p><b>ATLANTIC REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     40 Havelock Street<br/>                     PO Box 160<br/>                     AMHERST NS B4H 3Z3<br/>                     Tel: (902) 661-6200<br/>                     Fax: (902) 661-6237</p>   |
| <p><b>BRITISH COLUMBIA REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     Suite 600<br/>                     1138 Melville Street<br/>                     VANCOUVER BC V6E 4S3<br/>                     Tel: (604) 775-5100<br/>                     Fax: (604) 775-7149</p>   | <p><b>MANITOBA REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     Room 1100<br/>                     275 Portage Avenue<br/>                     WINNIPEG MB R3B 3A3<br/>                     Tel: (204) 983-2475<br/>                     Fax: (204) 983-0861</p>   |
| <p><b>ONTARIO REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     Arthur Meighen Building<br/>                     5th Floor<br/>                     25 St. Clair Avenue East<br/>                     TORONTO ON M4T 1M2<br/>                     Tel: (416) 973-5282<br/>                     Fax: (416) 954-4326</p> | <p><b>QUEBEC REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     Jacques-Cartier Complex<br/>                     320 east, St-Joseph Street<br/>                     Office 400<br/>                     QUEBEC QC G1K 9J2<br/>                     Tel: (418) 648-3270<br/>                     Fax: (418) 648-2266</p> |
| <p><b>SASKATCHEWAN REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     2221 Cornwall Street, 5th Floor<br/>                     REGINA SK S4P 4M2<br/>                     Tel: (306) 780-5945<br/>                     Fax: (306) 780-5733</p>  | <p><b>NORTHWEST TERRITORIES REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     PO Box 1500<br/>                     YELLOWKNIFE NT X1A 2R3<br/>                     Tel: (867) 669-2627<br/>                     Fax: (867) 669-2703</p>   |
| <p><b>YUKON REGION</b><br/>                     Indian and Northern Affairs Canada<br/>                     Room 415C, 300 Main Street<br/>                     WHITEHORSE YT Y1A 2B5<br/>                     Tel: (867) 667-3380<br/>                     Fax: (867) 667-3387</p>  | <p><b>NUNAVUT</b><br/>                     Indian and Northern Affairs Canada<br/>                     Qimugjuk Building 969, PO Box 2200<br/>                     IQALUIT, Nunavut, X0A 0H0<br/>                     Tel: (867) 975-4503<br/>                     Fax: (867) 975-4560</p>  |

**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](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 31<sup>st</sup> in your community(ies). The reporting of the non-registered population living in your community through the NRORP section of the FNNRG is voluntary. Participation however will help your community and the DIAND develop a better understanding of your community's population dynamics and potential future needs.

### **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).

*Please note: More details on how to update your Band Population Report are available in Chapter 5 of the **NRORP Data Handbook**. Contact your regional DIAND office if you do not have a copy or view online at: [http://www.ainc-inac.gc.ca/pr/pub/nrorp/hdbk\\_e.html](http://www.ainc-inac.gc.ca/pr/pub/nrorp/hdbk_e.html)*



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



**THIS IS ONLY AN EXAMPLE**

**2003 Band Population Report / Rapport de la population dans la bande**

Region / Région :

District :

Band / Bande :

| Identifiant ID<br>Numéro Id | Surname /<br>Nom de famille | Given Name /<br>Prénom | Birth Date<br>yyyy/mm/dd /<br>Date de<br>naissance<br>aaaa/mm/jj | Gender /<br>Sexe<br>(M / F ) | On-<br>Reserve /<br>Sur réserve<br>(Y / N) | Reserve<br>Number /<br>Numéro de<br>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 (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.

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

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



**2003 Certificate Form / Formulaire d'attestation**

|                                    |  |
|------------------------------------|--|
| Band Name / Nom de la bande :      | Data Collection Date / Date du recensement:<br>December 31 / 31 décembre, 2003 |
| Band Number / Numéro de la bande : | Reserve Number and Name /<br>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 /<br>Nom et titre du responsable de<br>la bande : | The information provided is accurate to the best of my<br>knowledge.<br>Les renseignements fournis sont exacts au meilleur de<br>mes connaissances.<br><br>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 consultant 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 obtained.
- ▶ 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 ecological 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 the interaction and combination of effects that cause aggregate effects different in nature from the effect of a single activity.)
- ▶ Mitigation and follow-up measures should be clearly indicated, including special activities that may be needed to minimize adverse environmental impacts.
- ▶ Provide a clear rationale for a screening decision, as given in Part C of the form.



# **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 Environmental Assessment Index (FEAI).
- ▶ Indicate if 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

| <b>PART C: SCREENING DECISIONS AS PER SECTION 20(1) OF CEAA</b> |   | <b>PART D: CORRESPONDING FEDERAL AUTHORITY PUBLIC REGISTRY SYSTEM CODES</b> |  |
|---|---|---|--|
| <b>Sub-Section of CEAA</b>                                      | <b>Descriptions</b>   | <b>Numeric Code</b>   | <b>Subject Descriptions</b>                            |
| (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 . . . . . | 7 |
| Certificate of Indian Status Register . . . . .  | 9 |

## BAND GOVERNANCE

|  |    |
|--|----|
| Electoral Officer's Report (Section 74 bands) . . . . .  | 11 |
| Custom Election Code Report - Election Results . . . . . | 15 |

## 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**

|  |  |   |          |   |   |                                   |
|--|--|---|----------|---|---|-----------------------------------|
| <b>A Individual Affected - Individu concerné</b>   |  |   |          |   |   |                                   |
| Family name - Nom du famille   |  |   |          | Given name(s) - Prénoms(s)  |   |                                   |
| Registry no. - N° de registre  |  | Date of birth - Date de naissance<br>YYYY-AAAA MM DD-JJ             |          | Alias (Optional) - Autre noms (Optionnel)   |   |                                   |
| <b>B Individual Affected - Individu concerné</b>   |  |   |          |   |   |                                   |
| Registry no. - N° de registre  |  | Family name - Nom du famille  |          |   | Given name - Prénoms  |                                   |
| Registry no. - N° de registre  |  | Date of birth - Date de naissance<br>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"<br>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" |  |   |          |   |   |                                   |
| <b>C Primary Parent - Parent primaire</b>  |  |   |          |   |   |                                   |
| Registry no. - N° de registre  |  | Family name - Nom du famille  |          |   | Given name - Prénoms  |                                   |
| Date of birth - Date de naissance<br>YYYY-AAAA MM DD-JJ  |  | Sex - Sexe<br><input type="checkbox"/> M <input type="checkbox"/> F | Province | Residence Code - Code de résidence  |   | Category - Catégorie<br>6 ( ) ( ) |
| <b>D Other Parent - Autre parent</b>   |  |   |          |   |   |                                   |
| Registry no. - N° de registre  |  | Family name - Nom du famille  |          |   | Given name - Prénoms  |                                   |
| Date of birth - Date de naissance<br>YYYY-AAAA MM DD-JJ  |  | Sex - Sexe<br><input type="checkbox"/> M <input type="checkbox"/> F | Province | Residence Code - Code de résidence  |   | Category - Catégorie<br>6 ( ) ( ) |
| <b>E Birth - Naissance</b> <input type="checkbox"/> Current year - Année courante Code "01" <input type="checkbox"/> Prior to current year - Antérieure à l'année courant Code "02"  |  |   |          |   |   |                                   |
| Please complete Section<br>Veuillez remplir la section<br><b>A C D</b>   |  | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F        | Province | Residence Code - Code de résidence  |   | Category - Catégorie<br>6 ( ) ( ) |
| <b>F Miscellaneous additions - additions diverses</b>  |  |   |          |   |   |                                   |
| Please complete Section<br>Veuillez remplir la section <b>A C D E</b>  |  |   |          | <input type="checkbox"/> "Martin" case - Cas "Martin" <input type="checkbox"/> Other - Autre<br><input type="checkbox"/> Over the age of majority - Passé l'âge de majorité |   |                                   |
| <b>G Forced age of Majority - Âge de majorité forcé Code "10"</b>  |  |   |          |   |   |                                   |
| Child<br>Enfant  |  | Please complete Section<br>Veuillez remplir la section <b>A</b>     |          |   | <input type="checkbox"/> Birth - Naissance<br><input type="checkbox"/> Marriage - Mariage |                                   |
|  |  |   |          | Event Date - Date de l'événement<br>YYYY-AAAA MM DD-JJ  |   |                                   |

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

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

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

TPMS RR CODE: 0008

## **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 -<br>Nombre de formules d'entrée de données |


E x a m p l e

|   |   |
|---|---|
| Signature of Indian Registry Administrator -<br>Signature du l'administrateur du Registre des Indiens | Date<br>Y/A                      M/M                      DD-JJ<br><br>                                                                      <br>                                                                      <br> |
|---|---|

83-057 (10-99) 7530-21-036-8711

Printed on recycled paper - Imprimé sur papier recyclé

WHITE COPY  
 COPIE BLANCHE
 
 Regional Office  
 Bureau régionale

CANARY COPY  
 COPIE CANARIE
 
 Originator  
 Demandeur

TPMS RR CODE: 0007

## 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)<br>Nom, Prénom (au complet) | Registry No.<br>No. de registre | Serial No.<br>No. de série | Date Issued<br>Date de délivrance | Applicant's Signature<br>Signature du requérant | Applicant's Address<br>Adresse du requérant | Issued By<br>Émis par |
|---|---------------------------------|----------------------------|-----------------------------------|---|---|-----------------------|
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |
|   |                                 |                            |                                   |   |   |                       |

Example

# **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 REPORT - ELECTION RESULTS**

**DUE DATE:** A 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 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 three sections:**

|   |                  |
|---|------------------|
| <b>ELEMENTARY/SECONDARY EDUCATION</b> ..... | <b>section 1</b> |
| <b>POST-SECONDARY EDUCATION</b> .....       | <b>section 2</b> |
| <b>CULTURAL EDUCATION</b> .....             | <b>section 3</b> |

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

|   |   |
|---|---|
| <b>Nominal Roll Student Census Report</b> .....                 | 2 |
| <b>Annual Certification of Teachers and Curriculum</b> .....    | 6 |
| <b>Provincial-Territorial Educational Services Report</b> ..... | 8 |
| <b>School Evaluation Report</b> .....                           | 8 |
| <b>Education Reform (Only where applicable)</b> .....           | 9 |

### **WHAT'S NEW**

Reporting for Education Reform activities (formerly under Gathering Strength) can now be found in the Elementary/Secondary section of the Education Program.

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 Innuktituk
  - 9 Innuktituk and French
  - 10 Innuktituk and English
  - 11 Innuktituk, French and English
- ▶ For each student, indicate the extent of Indian language instruction he or she receives:
  - 1 Not used
  - Medium of instruction:
    - 2 Used more than half time
    - 3 Used less than half time
    - 4 Taught as a subject only
    - 5 Subject and part-time medium
    - 6 Subject and full-time medium
- ▶ Percentage of Indian language instruction in the school:
  - 1 0%
  - 2 1 to 25%
  - 3 26 to 50%
  - 4 51 to 75%
  - 5 76 to 100%
- ▶ Insert the number of the band that has financial responsibility for each student, as well as the numbers of the band and reserve where the student ordinarily resides.





**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.**



## **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

## ELEMENTARY-SECONDARY EDUCATION

---

### EDUCATION REFORM (Only where applicable) 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.

## 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.

- 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?

- 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?

- Direct services provided to students

↓

Indicate the number of hours of services provided during the school year:

or

- Development or enhancement of organizational capacity to deliver services

↓

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.

**NOTE: if additional sheets are added, please indicate on the form the number of additional sheets and attach these sheets to the form.**

A large rectangular box with a black border, containing numerous horizontal dashed lines for writing.



## **POST-SECONDARY EDUCATION (PSE)**

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



## POST-SECONDARY EDUCATION

| <b>Post-Secondary Education: Program Codes Table</b>           |   |                                     |
|--|---|-------------------------------------|
| <b>MAJOR AREA OF STUDY</b>                                     | <b>COMMUNITY COLLEGES<br/>AND TRADE PROGRAM<br/>CODES</b> | <b>UNIVERSITY PROGRAM<br/>CODES</b> |
| <b>Agriculture &amp; Biological Sciences</b>                   |   | U51                                 |
| <b>ARTS</b>  | C01   |                                     |
| <b>Canadian Studies<br/>(*Does not include Native Studies)</b> |   | U52                                 |
| <b>Clerical</b>  | C02   |                                     |
| <b>General Arts &amp; Sciences</b>                             | C03   | U53                                 |
| <b>Business &amp; Commerce</b>                                 | C04   | U54                                 |
| <b>Education</b>   | C05   | U55                                 |
| <b>Engineering &amp; Applied Sciences</b>                      | C06   | U56                                 |
| <b>Fine &amp; Applied Arts</b>                                 | C07   | U57                                 |
| <b>Health Professions</b>                                      |   | U58                                 |
| <b>Health Sciences &amp; Related</b>                           | C08   |                                     |
| <b>Law</b>   |   | U59                                 |
| <b>Mathematics &amp; Physical Sciences</b>                     |   | U60                                 |
| <b>Native Studies</b>  | C09   | U61                                 |
| <b>Natural Sciences &amp; Primary<br/>Industries</b>           | C10   |                                     |
| <b>Social Sciences (&amp; Services)</b>                        | C11   | U62                                 |
| <b>Humanities (&amp; Related)</b>                              | C12   | U63                                 |
| <b>Other</b>   | C99   | U99                                 |

## POST-SECONDARY EDUCATION

| <b>Post-Secondary Education:<br/>Qualification Sought Code Table</b>  |   |             |
|---|---|-------------|
| The following table provides a code to represent the qualification sought by a particular student. From Statistics Canada 1992. |   |             |
| <b>QUALIFICATION BEING SOUGHT</b>   | <b>DESCRIPTION</b>  | <b>CODE</b> |
| <b>Non-university</b>   | INCLUDES: <ul style="list-style-type: none"> <li>● Non-university type certificate or diploma</li> </ul>  | 1           |
| <b>Undergraduate</b>  | INCLUDES: <ul style="list-style-type: none"> <li>● Bachelor degree</li> <li>● First professional degree (e.g., MD, DMD, LLB, MDiv, etc., as well as BEd, requiring a prior bachelor's degree)</li> <li>● Licence undergraduate</li> <li>● Undergraduate-level certificate or diploma (e.g., diploma in dental hygiene, diploma in physiotherapy, etc.)</li> </ul> | 2           |
| <b>Graduate</b>   | INCLUDES: <ul style="list-style-type: none"> <li>● Licence graduate</li> <li>● Master's degree and qualifying year (excludes MDiv)</li> <li>● PhD and qualifying year</li> <li>● Earned doctorate</li> <li>● Graduate-level certificate or diploma</li> </ul>   | 3           |
| <b>Not Seeking a Qualification</b>  | INCLUDES: <ul style="list-style-type: none"> <li>● Special students</li> <li>● Auditors</li> <li>● Students taking courses for credit elsewhere</li> <li>● Other</li> </ul>   | 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<br>or check Inuit, Innu                                    |                  |                 | Student Full Name |                      | Date of Birth<br>yyyy/mm/dd | Sex  | Attendance   | Name and No./Code<br>of PSE Institution  | Qualification<br>Sought<br>(circle one) | Major Area of<br>Study      | Current Year<br>of Study<br>(circle one) | Length of<br>Program<br>in Years | Is this a UCEP<br>Student?<br>(University/<br>College Entry<br>Program) |
| Band<br>Number  | Family<br>Number | Family Position | SURNAME           | GIVEN NAME & INITIAL |                             | M <input type="checkbox"/><br>F <input type="checkbox"/> | Full-time <input type="checkbox"/><br>Part-time <input type="checkbox"/> | PSEI NAME:<br><br>PSEI NUMBER: _ _ _ _ _ | 1 2 3 4                                 |                             | 1 2 3 4 5                                |                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| _____<br>or Inuit <input type="checkbox"/> Innu <input type="checkbox"/>          |                  |                 |                   |                      |                             | M <input type="checkbox"/><br>F <input type="checkbox"/> | Full-time <input type="checkbox"/><br>Part-time <input type="checkbox"/> | PSEI NAME:<br><br>PSEI NUMBER: _ _ _ _ _ | 1 2 3 4                                 |                             | 1 2 3 4 5                                |                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| _____<br>or Inuit <input type="checkbox"/> Innu <input type="checkbox"/>          |                  |                 |                   |                      |                             | M <input type="checkbox"/><br>F <input type="checkbox"/> | Full-time <input type="checkbox"/><br>Part-time <input type="checkbox"/> | PSEI NAME:<br><br>PSEI NUMBER: _ _ _ _ _ | 1 2 3 4                                 |                             | 1 2 3 4 5                                |                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| _____<br>or Inuit <input type="checkbox"/> Innu <input type="checkbox"/>          |                  |                 |                   |                      |                             | M <input type="checkbox"/><br>F <input type="checkbox"/> | Full-time <input type="checkbox"/><br>Part-time <input type="checkbox"/> | PSEI NAME:<br><br>PSEI NUMBER: _ _ _ _ _ | 1 2 3 4                                 |                             | 1 2 3 4 5                                |                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| _____<br>or Inuit <input type="checkbox"/> Innu <input type="checkbox"/>          |                  |                 |                   |                      |                             | M <input type="checkbox"/><br>F <input type="checkbox"/> | Full-time <input type="checkbox"/><br>Part-time <input type="checkbox"/> | PSEI NAME:<br><br>PSEI NUMBER: _ _ _ _ _ | 1 2 3 4                                 |                             | 1 2 3 4 5                                |                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| _____<br>or Inuit <input type="checkbox"/> Innu <input type="checkbox"/>          |                  |                 |                   |                      |                             | M <input type="checkbox"/><br>F <input type="checkbox"/> | Full-time <input type="checkbox"/><br>Part-time <input type="checkbox"/> | PSEI NAME:<br><br>PSEI NUMBER: _ _ _ _ _ | 1 2 3 4                                 |                             | 1 2 3 4 5                                |                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| _____<br>or Inuit <input type="checkbox"/> Innu <input type="checkbox"/>          |                  |                 |                   |                      |                             | M <input type="checkbox"/><br>F <input type="checkbox"/> | Full-time <input type="checkbox"/><br>Part-time <input type="checkbox"/> | PSEI NAME:<br><br>PSEI NUMBER: _ _ _ _ _ | 1 2 3 4                                 |                             | 1 2 3 4 5                                |                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| _____<br>or Inuit <input type="checkbox"/> Innu <input type="checkbox"/>          |                  |                 |                   |                      |                             | M <input type="checkbox"/><br>F <input type="checkbox"/> | Full-time <input type="checkbox"/><br>Part-time <input type="checkbox"/> | PSEI NAME:<br><br>PSEI NUMBER: _ _ _ _ _ | 1 2 3 4                                 |                             | 1 2 3 4 5                                |                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| 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 2003-2004, 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

# FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

**Evaluation Report** ..... 2

A generic evaluation report has been designed for reporting on all youth employment activities. For specific activities, please refer to the program guidelines that will be available from your regional FNIYES coordinator on or before April 1, 2003. Comprehensive evaluation reports will also be available on or before April 1, 2003 from your regional office for reporting on all youth employment activities as per the Terms and Conditions of the funding agreements for each 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 F.

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

# FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

---

## EVALUATION REPORT

### 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, 2003 for activities that took place the summer; and
- March 31, 2004 for activities that took place during the year.

### INSTRUCTIONS

This generic evaluation report has been designed for reporting on all youth employment activities. For specific activities, please refer to the program guidelines that will be available from your regional FNIYES coordinator on or before April 1, 2003. Comprehensive evaluation reports will also be available on or before April 1, 2003 from your regional office for reporting on all youth employment activities as per the Terms and Conditions of the funding agreements for each program. Individual Evaluation Reports must be submitted for each youth activity.

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 will be available at your DIAND regional office on or before April 1, 2003.

#### Page 1

- ▶ Fiscal Year – fill out the year for which the report is being made.
- ▶ Name of First Nation/ Community/ Organization – Fill in the name of the group receiving funding and the location where the activity took place or was administered.
- ▶ Description of Activities – Write one paragraph that describes the activities in which the participants took part.
- ▶ List the employers/business partners who took part in the activity, if applicable.
- ▶ List the skills participants learned
- ▶ Comments/ Stories from Participants – Please attach success stories written by at least two participants, either youth or employers, 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 completed Participant Evaluation Forms.

#### Page 2

- ▶ Total number of participants, total number of male/female participants, total number of participants with physical and/or learning disabilities and total number of participants who completed the activity
- ▶ Total number of participants by age range
- ▶ Total number of participants by education level
- ▶ Financial queries
- ▶ Feedback and Recommendations – Suggest any changes that DIAND could make to improve the FNIYES, improvements that your organization might make 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.
- ▶ Please sign and date the completed form.

**First Nations and Inuit Youth Employment Strategy  
Evaluation Report**

**Fiscal Year 20\_\_ - 20\_\_**

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

Description of activities *(attach separate sheets if necessary)*

Please provide a list of employers/organizations who participated in this activity

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

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



# **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:

|  |    |
|--|----|
| <b>SOCIAL ASSISTANCE MONTHLY REPORT</b> .....                                      | 2  |
| <b>NATIONAL CHILD BENEFIT (NCB)</b>  |    |
| First Nations Annual Report on Reinvestment .....                                  | 4  |
| <b>SOCIAL SUPPORT SERVICES</b>   |    |
| 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 |
| These forms apply to First Nations in Ontario and Alberta only:                    |    |
| Community Social Services Projects Annual Report .....                             | 18 |
| Day Care Facilities/Head Start Program Annual Report .....                         | 20 |

### WHAT'S NEW

Effective September 28, 2001, DIAND's Comprehensive Funding Arrangement funding authority for Other Social Services was limited to Day Care under the Ontario 1965 Indian Services Welfare Agreement and the Alberta Administration Reform Agreement. All reporting is limited to day care activities under these two agreements.

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 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 are 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 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:
    - 02421 - Foster home
    - 02422 - Group home
    - 02420 - 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.
- ▶ **Per diem (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 needs" column. On a separate page, identify what Special Needs were funded as set by provincial standards.
- ▶ **Number of care days:** Show the total number of days or hours this month that the child has been in care. Calculate the total amount the care has cost by multiplying the total number of days by the daily rate and adding on any special funds amounts.
- ▶ **Financial Summary:** Provide a detailed financial summary of children-in-care costs according to the total number of cases, total days in care and the total costs.
- ▶ Sign and date the completed form.



## **SOCIAL DEVELOPMENT**

**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 or agency         |   |                             | Arrangement number                     |                             |                             |
| Period month/year                            |   |                             |  |                             |                             |
| <b>1. Prevention services</b>                | <b># of families Served</b>                           | <b># of children Served</b> | <b>2. Protection services</b>          | <b># of families Served</b> | <b># of children Served</b> |
| 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:
  - 02440 - In-home care
  - 02441 - Institutional care Type I
  - 02442 - Institutional care Type II
  - 02443 - 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.





## **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                |

TPMS RR CODE: 0051

## **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                |

TPMS RR CODE: 0048

# 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.
  - **Transition Home/Shelter:** Short or moderate term (1 day to 11 weeks) secure housing for abused women with or without children or youth.
  - **Second Stage Housing:** Long-term (3-12 months) secure housing for abused women with or without children.
  - **Safe Home Network:** Subsidiary very short term (1-3 days) housing for abused women with or without children, in private homes.
  - **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.
  - **Women's Emergency Shelter:** Short-term (1-21 days) respite (temporary relief) for abused women with or without their children.
  - **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.
  - **Rural Family Violence Prevention Centres: Alberta only.** Short (1-10 days) secure respite (temporary relief) for abused women with or without children.
  - **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.
  - **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.
  - **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

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

For the Fiscal Year \_\_\_\_\_

|  |  |
|--|--|
| First Nation Name  | Band Number  |
| Name of Emergency Shelter  | Project Haven Shelter?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>How is the emergency shelter funded? (Check all that apply)</b><br><input type="checkbox"/> DIAND Family Violence Prevention Initiative Transfer Payments <input type="checkbox"/> Other Government Department<br><input type="checkbox"/> Private Agency <input type="checkbox"/> Provincial Government <input type="checkbox"/> Other: _____  |  |
| <b>Who operates the emergency shelter?</b><br><input type="checkbox"/> Band Operated <input type="checkbox"/> Corporation <input type="checkbox"/> Provincial/Private Agency   |  |
| <b>Does the shelter support or provide any of the services below? (Check all that apply)</b><br><input type="checkbox"/> Second Stage Housing <input type="checkbox"/> Transition House <input type="checkbox"/> Safe Home Network <input type="checkbox"/> Satellite<br><input type="checkbox"/> Women Emergency Center <input type="checkbox"/> Family Resource Centre <input type="checkbox"/> Interim Housing <input type="checkbox"/> Other _____ |  |
| <b>For the fiscal year being reported:</b>   |  |
| 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?  | \$   |
| <b>If the shelter opened during this fiscal year:</b>  |  |
| 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   |

TPMS RR CODE: 0053

## **SOCIAL DEVELOPMENT**

**For First Nations Funded on a REIMBURSEMENT Basis**

---

### **SOCIAL SUPPORT SERVICES**

#### **COMMUNITY SOCIAL SERVICES PROJECTS ANNUAL REPORT (APPLIES TO ONTARIO AND ALBERTA ONLY)**

**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**  
**For First Nations funded on a reimbursement basis.**  
**Applies to Ontario and Alberta only.**  
**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 (APPLIES TO ONTARIO AND ALBERTA ONLY)**

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

#### **INSTRUCTIONS**

- ▶ **APPLIES TO FIRST NATIONS FUNDED ON A REIMBURSEMENT BASIS IN ONTARIO AND ALBERTA ONLY**
- ▶ **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.

# DAYCARE FACILITIES/HEAD START PROGRAM ANNUAL REPORT

**First Nations Funded Social Support Services on a Reimbursement Basis  
In Ontario and Alberta Only**

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                |

TPMS RR CODE: 0046

# **SOCIAL DEVELOPMENT**

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

|  |    |
|--|----|
| <b>SOCIAL ASSISTANCE ANNUAL REPORT</b> .....                                       | 2  |
| <b>NATIONAL CHILD BENEFIT (NCB)</b>  |    |
| First Nations Annual Report on Reinvestment .....                                  | 4  |
| <b>SOCIAL SUPPORT SERVICES</b>   |    |
| 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  |

TPMS RR CODE 0057

## **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:
  - 02440 - In-home care services
  - 02441 - Institutional care Type I
  - 02442 - Institutional care Type II
  - 02443 - 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 (2440, 2441, 2442, 2443 - See below) | Date Beginning Placement | Date of Departure | per diem (Daily Rate) | Special Needs | 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 |
|---------|------------------------------|---|---|
| 02440   | <b>IN-HOME CARE SERVICES</b> |   |   |
|         | Homemakers Services          |   |   |
|         | Other In-home Care Services  |   |   |
| 02441   | <b>INSTITUTIONAL CARE</b>    |   |   |
|         | Type I On-Reserve            |   |   |
|         | Type I Off-Reserve           |   |   |
| 02442   | Type II On-Reserve           |   |   |
|         | Type II Off-Reserve          |   |   |
| 02443   | <b>FOSTER CARE</b>           |   |   |
|         | 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 Year0\_\_\_\_\_

|                                       |                     |
|---------------------------------------|---------------------|
| 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.
  - **Transition Home\Shelter:** Short or moderate term (1 day to 11 weeks) secure housing for abused women with or without children or youth.
  - **Second Stage Housing:** Long-term (3-12 months) secure housing for abused women with or without children.
  - **Safe Home Network:** Subsidiary very short term (1-3 days) housing for abused women with or without children, in private homes.
  - **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.
  - **Women's Emergency Shelter:** Short-term (1-21 days) respite (temporary relief) for abused women with or without their children.
  - **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.
  - **Rural Family Violence Prevention Centres: Alberta only.** Short (1-10 days) secure respite (temporary relief) for abused women with or without children.
  - **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.
  - **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.
  - **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

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

For the Fiscal Year 0\_\_\_\_\_

|  |  |
|--|--|
| First Nation Name  | Band Number  |
| Name of Emergency Shelter  | Project Haven Shelter?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>How is the emergency shelter funded? (Check all that apply)</b><br><input type="checkbox"/> DIAND Family Violence Prevention Initiative Transfer Payments <input type="checkbox"/> Other Government Department<br><input type="checkbox"/> Private Agency <input type="checkbox"/> Provincial Government <input type="checkbox"/> Other: _____  |  |
| <b>Who operates the emergency shelter?</b><br><input type="checkbox"/> Band Operated <input type="checkbox"/> Corporation <input type="checkbox"/> Provincial/Private Agency   |  |
| <b>Does the shelter support or provide any of the services below? (Check all that apply)</b><br><input type="checkbox"/> Second Stage Housing <input type="checkbox"/> Transition House <input type="checkbox"/> Safe Home Network <input type="checkbox"/> Satellite<br><input type="checkbox"/> Women Emergency Center <input type="checkbox"/> Family Resource Centre <input type="checkbox"/> Interim Housing <input type="checkbox"/> Other _____ |  |
| <b>For the fiscal year being reported:</b>   |  |
| 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?  | \$   |
| <b>If the shelter opened during this fiscal year:</b>  |  |
| 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   |

TPMS RR CODE: 0053



## **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.**

## **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

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                |

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):

|  |    |
|--|----|
| <b>Social Assistance Annual Report</b> .....                                       | 2  |
| <b>National Child Benefit (NCB)</b>  |    |
| First Nations Annual Report on Reinvestment .....                                  | 4  |
| <b>Social Support Services</b>   |    |
| 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 .....                                       | 13 |
| 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  |

TPMS RR CODE 0057

## 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.





## 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:
    - 02421 - Foster care
    - 02422 - Group home
    - 02420 - 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.
- ▶ **Per diem (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 needs" 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 (02420, 02421, 02422 - See below) | Length of Time in Foster Care | Length of Time in Group Home | Length of Time in Institutional Care | Beneficiary's per diem (Daily Rate) | Beneficiary's Special Needs | No. of Days | Beneficiary's Total Cost of Services Rendered |
|-----------------------------|----------------------|-----------------------------|---|--------------------------|---|-------------------------------|------------------------------|--------------------------------------|-------------------------------------|-----------------------------|-------------|---|
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |
|                             |                      |                             |   |                          |   |                               |                              |                                      |                                     |                             |             |   |

Voluntary Care Ward (V), Temporary Ward (T), Permanent (Crown), Ward (P) ←

On a separate page, identify the Special Needs funded as set by provincial standards ←

**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 |
|-----------------|-------------------------------|---|---|----------------|
| 02421           | Foster Care (Children)        |   |   |                |
| 02422           | Group Home (Children)         |   |   |                |
| 02420           | Institutional Care (Children) |   |   |                |

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TPMS RR CODE: 0043

## **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  |                      |                      |  |                      |                      |
| <b>1. Prevention Services</b>                            | # Of Families Served | # Of Children Served | <b>2. Protection Services</b>          | # 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.



## **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                |

TPMS RR CODE: 0051

## **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                |

TPMS RR CODE: 0048

# 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.
  - **Transition Home/Shelter:** Short or moderate term (1 day to 11 weeks) secure housing for abused women with or without children or youth.
  - **Second Stage Housing:** Long-term (3-12 months) secure housing for abused women with or without children.
  - **Safe Home Network:** Subsidiary very short term (1-3 days) housing for abused women with or without children, in private homes.
  - **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.
  - **Women's Emergency Shelter:** Short-term (1-21 days) respite (temporary relief) for abused women with or without their children.
  - **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.
  - **Rural Family Violence Prevention Centres: Alberta only.** Short (1-10 days) secure respite (temporary relief) for abused women with or without children.
  - **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.
  - **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.
  - **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

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

**FOR THE FISCAL YEAR \_\_\_\_\_**

|   |  |
|---|--|
| First Nation Name   | Band Number  |
| Name of Emergency Shelter   | Project Haven Shelter?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>How is the emergency shelter funded? (Check all that apply)</b><br><input type="checkbox"/> DIAND Family Violence Prevention Initiative Transfer Payments <input type="checkbox"/> Other Government Department<br><input type="checkbox"/> Private Agency <input type="checkbox"/> Provincial Government <input type="checkbox"/> Other: _____   |  |
| <b>Who operates the emergency shelter?</b><br><input type="checkbox"/> Band Operated <input type="checkbox"/> Corporation <input type="checkbox"/> Provincial/Private Agency  |  |
| <b>Does the shelter support or provide any of the services below? (Check all that apply)</b><br><input type="checkbox"/> Second Stage Housing <input type="checkbox"/> Transition House <input type="checkbox"/> Safe Home Network <input type="checkbox"/> Satellite<br><input type="checkbox"/> Women Emergency Center <input type="checkbox"/> Family Resource Centre <input type="checkbox"/> Interim Housing <input type="checkbox"/> Other_____ |  |
| <b>For the fiscal year being reported:</b>  |  |
| 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?   | \$   |
| <b>If the shelter opened during this fiscal year:</b>   |  |
| 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   |

TPMS RR CODE: 0053

## **SOCIAL DEVELOPMENT**

**Fixed Volume FTA/CFNFA/DFNFA**

---

### **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  
FOR FIRST NATIONS FUNDED ON A FIXED VOLUME FTA/CFNFA/DFNFA BASIS.  
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 20\_\_\_\_\_

|   |                     |
|---|---------------------|
| First Nation Name   | First Nation Number |
| Day Care Facilities/Head Start programs Names and Complete Addresses:   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
| <b>1. Total number of day care centres or programs funded by DIAND:</b> |                     |
| <b>2. Total number of day care places funded by DIAND:</b>              |                     |
| <b>3. Total number of children served in day care during the year:</b>  |                     |
| Name  | Title               |
| Signature   | Date                |

TPMS RR CODE: 0046

# INDIAN GOVERNMENT SUPPORT

## WHAT'S NEW

### New Form for Tribal Councils

A new form has been developed for Tribal Councils to report to their member bands and DIAND on the advisory services and programs they deliver. The *Tribal Council Program Annual Report* is similar to the *Tribal Council Program Report* introduced in the spring of 2002. This report was developed in conjunction with regional DIAND officials with input from their respective tribal councils and standardizes the existing reporting requirement. This will assist in ensuring that the overall results of expenditures in terms of the efficiency and effectiveness of programs and services are clearly documented and reported as well as help Tribal Councils to assess their performance and compare with other Tribal Councils.

### Continued 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 following years, an annual 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 Band Employee Benefits (BEB) or Indian/Inuit Management Development (IIMD) funding may be used as applicable under current policy.

## BAND SUPPORT FUNDING (BSF)

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

## TRIBAL COUNCIL FUNDING (TCF)

|   |   |
|---|---|
| Application for Grant: Band Support Funding (same form used for both BSF and TCF) ..... | 2 |
|---|---|

**NOTE:** Although Tribal Councils are to use the Application for Grant 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.

|  |   |
|--|---|
| Program Activities Annual Report ..... | 6 |
|--|---|

## BAND EMPLOYEE BENEFITS (BEB) PROGRAM

|   |    |
|---|----|
| Application for Band Employee Benefits Funding (CFA only) ..... | 9  |
| List of Eligible Employees (CFA only) .....                     | 11 |
| Pension Plan Funding Annual Report .....                        | 13 |

## INDIAN / INUIT MANAGEMENT DEVELOPMENT (IIMD) PROGRAM PROPOSAL .....

15

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 2003-2004, 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

---

## APPLICATION FOR GRANT: BAND SUPPORT FUNDING (BSF) FORM DEFINITIONS AND INSTRUCTIONS:

### SECTION A - Band Identification

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 number for the band as shown in the Department's Financial Management Manual (last 3 digits).
3. **District No.:** Responsibility Centre (RCM) number for District Manager as shown in the Department's Financial Management Manual (first 3 digits).
4. **Region No.:** RCM number for Regional Director General (first 3 digits).
5. **Tribal Council Affiliation:** Name and number of Tribal Council to which Band is affiliated.

### SECTION B - Band Membership / Community Residence Information

6. **Type of funding agreement:** FTA, CFNFA/DFNFA : Identify the type of Agreement for which the band is a signator to a Funding Arrangement and which requires supplementary audit fees.
7. **Registered (NOTE: population counts are to be taken from the Indian Register as of Dec 31st):** 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. **and 11. On-Reserve Band Members:** Individuals residing on-reserve whose name appears on the Band Membership list, whether maintained by DIAND under Section 9 or by the band under Section 10 of the *Indian Act*.
10. **and 12. On-Reserve Non-Band Members:** Individuals residing on-reserve whose name is not included on the Band membership list at the time of application.
13. **and 14. Off-Reserve Band Members:** An individual who does not reside 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 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 - Profile of Contributions / Workload / Program Staff

#### Major Programs & Projects

16. **Federal-Provincial-Municipal Agreement:** An agreement (e.g. tuition) to which 3 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(s) 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, identify the total number of Federal-Provincial-Municipal Agreements, and the total number of monthly or bi-monthly Income Support case months anticipated for the year for which the grant is sought.
19. **Subtotal** of items 16, 17 and 18.

#### Basic Services 20 to 26:

- A. **\$:** The total dollar value of all DIAND contributions/transfer payments for the specified activity.
  - 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 of the following programs: Lands and Trust Services, Education (excluding tuition, item 16), Economic Development, Social Development (excluding income), Infrastructure and Maintenance (O&M only), Minor Capital (including ongoing housing) and Band Management (excluding administrative staff).
27. **Subtotal** of items 20, 21, 22, 23, 24, 25 and 26.
  28. **Total** of items 19 and 27.

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



## SECTION A Band Identification - Identification de la bande

|   |                                     |   |                                     |
|---|-------------------------------------|---|-------------------------------------|
| <b>1</b> Band Name - Nom de la bande  | <b>2</b> Band No.<br>N° de la bande | <b>3</b> District No.<br>N° de district | <b>4</b> Region No.<br>N° de région |
| <b>5</b> Tribal Council Affiliation - Affiliation à un conseil de tribu<br>T.C. Name - Nom C. de T. | <b>T.C. Number - Numéro de C.T.</b> |   |                                     |

## SECTION B Band Membership / Community Residence Information Membres de la bande / Information de résidence dans la communauté

|   |                                     |   |       |  |   |       |
|---|-------------------------------------|---|-------|--|---|-------|
| <b>6</b> Funding Type: CFA <input type="checkbox"/> OR CFNFA/DFNFA <input type="checkbox"/><br>Mode de financement : EFG <input type="checkbox"/> OU EFCPN/EFMPN <input type="checkbox"/>   |                                     |   |       |  |   |       |
| <b>7</b> Registered as of December 31<br>Inscrit de la collectivité au 31 décembre  |                                     |   |       | <b>8</b> Non-Registered as of December 31<br>Non inscrit de la collectivité au 31 décembre |   |       |
| LOCATION  | Band members<br>Membres de la bande | Non-band members<br>Non-membres (bande) | TOTAL | Band members<br>Membres de la bande  | Non-band members<br>Non-membre s(bande) | TOTAL |
| On-reserve<br>Sur réserve   | <b>9</b>                            | <b>10</b>                               |       | <b>11</b>  | <b>12</b>                               |       |
| Off-reserve<br>Pas sur réserve  | <b>13</b>                           |   |       | <b>14</b>  |   |       |
| <b>15</b> Number of Staff Employed by the Band Council (NOT including temporary, construction or seasonal workers)<br>Le nombre total de personnes employés(ées) par le conseil (NE PAS inclure les équipes temporaires, de travailleurs de la construction ni les travailleurs saisonniers.) |                                     |   |       |  |   |       |

## 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      | RCM Certification - Cert. Du G.C.R. |
|--|----------|-----------|---|---------------------|-------------------------------------|
| <b>16</b> Federal / Provincial / Municipal Agreements<br>Accords fédéraux, provinciaux et municipaux                       |          |           |   |                     | DIAND use only                      |
| <b>17</b> Income Support<br>Soutien du revenu  |          |           |   |                     | DIAND use only                      |
| <b>18</b> Major Capital<br>Projets d'immobilisations majeurs   |          |           |   |                     | DIAND use only                      |
| <b>19</b> SUBTOTAL Items<br>TOTAL PARTIEL objets 16+17+18 ▶  |          |           |   |                     | DIAND use only                      |
| <b>Basic Services - Services de base</b>   | <b>A</b> | <b>\$</b> |   | <b>C</b> P.Y.- A.P. | RCM Certification - Cert. Du G.C.R. |
| <b>20</b> Lands and Trust Services<br>Services fonciers et fiduciaires   |          |           |   |                     | DIAND use only                      |
| <b>21</b> Education (excluding Tuition - Item 16)<br>Éducation (à l'exception de l'élément 16-Droits de scolaire)          |          |           |   |                     | DIAND use only                      |
| <b>22</b> Economic Development<br>Développement économique   |          |           |   |                     | DIAND use only                      |
| <b>23</b> Social Development<br>Développement social   |          |           |   |                     | DIAND use only                      |
| <b>24</b> Infrastructure / Maintenance (O&M only)<br>Infrastructure / Entretien (exploitation et entretien seulement)      |          |           |   |                     | DIAND use only                      |
| <b>25</b> Minor Capital (including ongoing housing)<br>Projets d'immobilisation mineurs (y compris le logement)            |          |           |   |                     | DIAND use only                      |
| <b>26</b> Band Management (excluding administrative staff)<br>Gestion des bandes (sans compter le personnel administratif) |          |           |   |                     | DIAND use only                      |
| <b>27</b> SUBTOTAL Items<br>TOTAL PARTIEL objets 20+21+22+23+24+25+26 ▶  |          |           |   |                     | DIAND use only                      |
| <b>28</b> TOTAL 19+27 ▶  |          |           |   |                     | DIAND use only                      |

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.

|      |       |      |
|------|-------|------|
| Name | Title | Date |
|      |       |      |
| Name | Title | 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

### **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

---

## TRIBAL COUNCIL PROGRAM ANNUAL REPORT

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

**Note:** For FTE and budget data elements, only approximate rounded off figures are required to give a general ideal of the resources required to fulfill TC responsibilities. Consideration should be made for employee benefits and overhead.

### KEY TERMS

The **full-time equivalent (FTE)** assigned to projects is calculated by determining the length of time an employee works on each project, to the maximum numbers of days as per a standard employment contract.

Example: 1 FTE equals 250 days/year<sup>1</sup>  
The employee works on a specific project<sup>2</sup> 150 days/year  
Then the calculation would be  $150/250 = .6$  FTE for that project

This calculation can be used to determine the staff budget used for various projects.

Example: .6 FTE worked on a project  
1.0 FTE is paid \$20,000 per year  
Then the calculation would be  $.6 \otimes \$20,000 = \$12,000$  and  
\$12,000 was used for this project from the TC staff budget.

Notes:

1. The maximum number of days per year will vary per employee contract.
2. As indicated in the Tribal Council report, specific projects would include:
  - Advisory Services (Band Government, Financial Management, Economic Development, Community Planning, Technical Services, Other);
  - Program Service Delivery; and
  - Tribal Management, Administration and General Development

**Aboriginal Head Start On Reserve:** Health Canada program serving the developmental needs of pre-school children living on reserves.

**Aboriginal Business Canada:** An Industry Canada program aimed at promoting the development of business opportunities for Aboriginal Canadians.

**Atlantic Canada Opportunities Agency (ACOA):** Industry Canada initiatives to promote economic development and job creation in Atlantic Canada.

**Advisory Services:** As identified in the INAC Tribal Council Policy and Procedures Directives, including, band government, financial, management, economic development, community planning, and technical services.

**Aboriginal Human Resource Development Strategy (AHRDS):** Human Resources Development Canada.

**Capital Financing:** Funding to identify, plan, design, construct, renovate or purchase assets for education, housing, or community infrastructure purposes, where such assets have a life of more than one year and are not held for resale.

**Community Economic Development Organization (CEDO):** Part of DIAND's Community Economic Development Program.

**Certification:** Formal recognition of the completion of a program of study or training or credentials to practice, usually granted by colleges, universities or other institutions (i.e., management accountant associations).

**Canada Mortgage and Housing Corporation (CMHC)**

**Comprehensive Community Plan:** An integrated development strategy that considers all dimensions of the community, including its social, cultural, human and natural resources.

**First Nations Policing:** Solicitor General Canada initiative to support the establishment and operation of First Nation police forces on reserve.

**National Native Alcohol and Drug Abuse Program (NNADAP):** Health Canada alcohol and drug prevention programming.

**Remedial Management Plan:** A plan developed and approved by the Minister which reflects decisions and measures which are necessary to remedy a default under a funding arrangement with a First Nations or Tribal Council.

**Western Economic Diversification Canada (WD):** Industry Canada strategy supporting the development of new business ventures in Western Canada.

## TRIBAL COUNCIL PROGRAM ANNUAL REPORT

Note: the purpose statements, examples and indicators contained in this report reflect a broad cross-section of Tribal Council activities and practices across the country. Tribal Councils are encouraged to add additional information in the results section on each page that would describe or clarify their unique situation.

**Due Date:** Due May 31 for the fiscal year ending March 31.

|                      |                        |
|----------------------|------------------------|
| Tribal Council Name: | Tribal Council Number: |
|                      |                        |

Which First Nations (FNs) were affiliated with this Tribal Council (TC) during the fiscal year being reported?

| Band Number | Band Name | Band Number | Band Name |
|-------------|-----------|-------------|-----------|
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |

For the Fiscal Year being reported:

|   |    |
|---|----|
| How many FTEs (in total) were employed by the TC? |    |
| What was the total budget used by this TC?        | \$ |

|                                      |       |
|--------------------------------------|-------|
| Name of individual completing report | Title |
| Signature                            | Date  |











**A. Advisory Services: TECHNICAL SERVICES**

Purpose: To build capacity, provide economies of scale and improve the quality of life for First Nation communities by assisting, advising and training member FNs in a broad range of technical service activities, such as:

- ▶ planning, designing, managing, operating and maintaining community facilities and infrastructure;
- ▶ managing special services;
- ▶ developing five-year plans;
- ▶ applying policies, standards, codes and regulations for technical services;
- ▶ capacity building with professional associations and governments;
- ▶ coordinating training and development programs, staff selection and recruitment; and
- ▶ providing risk management, engineering services, special programs and inspection services.

For the Fiscal Year being reported:

|   |   |
|---|---|
| Approximately how many FTEs were used for Technical Services Advisory Services?   |   |
| What was the budget used for these advisory services?   | \$  |
| Approximately what portion of this budget was used for to advice, expertise or assistance provided by →                                 | Tribal Council staff \$ _____<br>Consultants \$ _____<br>Other: _____ \$ _____<br>(specify) |
| How many of the below were developed by the TC, reviewed or updated in consultation with or on behalf of FNs and submitted for funding? | # of  |
| - asset condition reporting systems (ACRS)  |   |
| - capital asset inventory systems (CAIS)  |   |
| - maintenance management systems  |   |
| - five-year plans for technical services  |   |
| - master capital plans  |   |
| - emergency response plans  |   |
| - tendering and contracting   |   |
| - housing policies and programming  |   |
| How many technical assessments were provided?   |   |
| How many risk assessments were provided?  |   |
| How many environmental assessments were provided?   |   |
| How many infrastructure assessments were provided?  |   |
| How many certifications were obtained in TC-coordinated technical training sessions ( e.g. water quality & sewage)?                     |   |
| How many FNs affiliated with the TC applied for a fire prevention and protection program?   |   |
| Other Technical Services Advisory activities?   |   |
|   |   |
|   |   |
|   |   |



**B. Program Service Delivery: INAC Programs**

This includes the delivery of INAC funded programs such as child and family services, elementary-secondary education, post-secondary education, income security, CEDO, etc.

For the Fiscal Year being reported:

|   |    |
|---|----|
| Approximately how many FTEs were used for INAC program areas? |    |
| What was the budget used for this program service delivery?   | \$ |

**B. Program Service Delivery: Other Federal Programs**

This includes NNADAP, Aboriginal Head Start On Reserve (Health Canada), Aboriginal Human Resources Development Strategy (AHRDC), FNs Policing (Solicitor General of Canada), Housing Programs (CMHC), etc.

For the Fiscal Year being reported:

|   |    |
|---|----|
| Approximately how many FTEs were used for other federal program areas?  |    |
| What was the approximate budget used for this program service delivery? | \$ |

**B. Program Service Delivery: Provincial Programs or Others**

For the Fiscal Year being reported:

|  |    |
|--|----|
| Approximately how many FTEs were used for provincial or other program areas? |    |
| What was the approximate budget used for this program service delivery?      | \$ |

**C. Tribal Management, Administration and General Development**

Tribal Councils perform general management and administration of collective tribal activities including:

- ▶ coordinating regular meetings of Tribal Chiefs;
- ▶ managing the delivery of all services provided by the Tribal Council;
- ▶ maintaining a central office; and
- ▶ facilitating communication between member communities.

This function also includes acting as an intermediary for the individual or collective interest of member communities. Tribal Councils perform this function by representing their communities in discussions with INAC and other agencies regarding matters such as district, or area wide matters such as economic development proposals.

For the Fiscal Year being reported:

|   |    |
|---|----|
| Approximately how many FTEs were used for these activities? |    |
| What was the budget used for these activities?              | \$ |
| How many Chiefs' meetings were held?                        |    |
| How many meetings with INAC and other agencies were held?   |    |
| Other general management and administrative activities?     |    |
| Please describe the overall results of these activities:    |    |
|   |    |
|   |    |
|   |    |
|   |    |
|   |    |

# INDIAN GOVERNMENT SUPPORT

---

## BAND EMPLOYEE BENEFITS PROGRAM APPLICATION FOR BAND EMPLOYEE BENEFITS (BEB) 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 continue to implement the Minister's commitment to increase support for First Nations administration in an amount equivalent to 5% of 2000-2001 base year Band Support Funding commencing in 2001-2002 and for the following 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 Band Employee Benefits or Indian/Inuit Management Development 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<br>New - Courant<br>Ongoing - Initial |                    |       |                                       |
| Employee/Employer Data<br>Données de l'employé(e)/l'employeur |                          |                                    | Employer contributions<br>Contributions de l'employeur    |   |   | Employee contributions<br>Contributions de l'employé(e)     |                    |       | DIAND<br>Use<br>À l'usage<br>du MAINC |
| Program<br>Programme  | PY<br>A-P                | Salary<br>Salaire                  | Pensions<br>Régime de<br>retraite                         | CPP/QPP<br>RPC/RPQ                              | Total   | Pensions<br>Régime de<br>retraite                           | CPP/QPP<br>RPC/RPQ | Total |                                       |
| Band Support<br>Soutien de<br>bande                           |                          |                                    |   |   |   |   |                    |       |                                       |
| Community<br>Infrastructure<br>Equipement<br>comm.            |                          |                                    |   |   |   |   |                    |       |                                       |
| L. T. S.<br>S. F. et F.                                       |                          |                                    |   |   |   |   |                    |       |                                       |
| Education   |                          |                                    |   |   |   |   |                    |       |                                       |
| Social Dev.<br>Dév. Social                                    |                          |                                    |   |   |   |   |                    |       |                                       |
| Economic Dev.<br>Dév.<br>Économique                           |                          |                                    |   |   |   |   |                    |       |                                       |

|                               |  |  |  |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|--|--|--|
| DIAND total<br>Total du MAINC |  |  |  |  |  |  |  |  |  |
| Other/Divers                  |  |  |  |  |  |  |  |  |  |

|   |   |   |                         |   |                                   |  |
|---|---|---|-------------------------|---|-----------------------------------|--|
| Total of all Benefits<br>Total de tous les<br>avantages | Employee<br>Contributions<br>Contributions de<br>l'employé(e) | Employer Contributions - Cotisations de l'employeur |                         |   |                                   | Total employer contrib.<br>(A+B+C+D)<br>Contributions totales<br>de l'employeur<br>(A+B+C+D) |
|   |   | Private plan<br>Plan privé<br>A                     | CPP/QPP<br>RPC/RPQ<br>B | Other Benefits<br>Autres avantages<br>C | Admin. Costs<br>Coûts admin.<br>D |  |
| DIAND<br>MAINC  |   |   |                         |   |                                   |  |
| Health Canada<br>Santé Canada                           |   |   |                         |   |                                   |  |
| % of salaries<br>% de salaires                          |   |   |                         |   |                                   |  |

|   |    |
|---|----|
| FOR DEPARTMENTAL USE ONLY - À L'USAGE DU MINISTÈRE<br>SEULEMENT                       |    |
| Current year forecast<br>Prévisions de l'année courante                               | \$ |
| Adjust. from previous year's funding<br>Règle de financement de l'année<br>précédente | \$ |
| Current year contribution<br>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 continue to implement the Minister's commitment to increase support for First Nations administration in an amount equivalent to 5% of 2000-2001 base year Band Support Funding commencing in 2001-2002 and for the following 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 Band Employee Benefits or Indian/Inuit Management Development funding 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 9).**

# 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 % |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
|                |            |         |                  |        |              |            |                 |            |
| <b>Total</b>   |            |         |                  |        |              |            |                 |            |

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 (BEB) 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 20\_\_

| BAND NAME   | BAND NUMBER |
|---|-------------|
| <p>What is the total payroll for eligible employees? <span style="float: right;">\$_____</span></p> <p>What is the Total Contributions by Eligible Employees paid into the plan for the Canada/Quebec Pension Plan (C/QPP) and Private Pension Plan? <span style="float: right;">\$_____</span></p> <p>What is the Total Contributions by Eligible Employers paid into the plan for C/QPP and Private Pension Plans for Eligible Employees: <span style="float: right;">\$_____</span></p> <p>What is the Total for other eligible employee benefits paid into pension plan: <span style="float: right;">\$_____</span></p> <p>What is the Total <u>number</u> of employees covered by plan: <span style="float: right;">_____</span></p> <p>Were the Annual Information Return and prescribed fees submitted to the office of superintendent of financial institutions (OSFI) <span style="float: right;"><input type="checkbox"/>YES <input type="checkbox"/>NO</span></p> <p>Date of submission to OSFI <span style="float: right;">___/___/___</span></p> |             |
| <b>INFORMATION PROVIDED HERE CONFIRMED AS CORRECT BY:</b>   |             |
| 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 element 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 following 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

|   |          |
|---|----------|
| <b>Fire</b>   |          |
| Fire Protection Services Summary Report .....   | 2        |
| Fire Losses Annual Report .....   | 4        |
| <b>Housing and Infrastructure Assets Annual Report(s)</b> .....   | <b>6</b> |
| <p><b>Note:</b> First Nations may update their housing data and access previous years data through the Housing &amp; Infrastructure Assets web site. This web site may be accessed from DIAND's Electronic Service Delivery page at <a href="http://www.ainc-inac.gc.ca/esd/index_e.html">http://www.ainc-inac.gc.ca/esd/index_e.html</a>. Contact your regional DIAND office for further instructions.</p> |          |
| <b>Schools Annual Report</b> .....  | <b>8</b> |
| <b>Capital Assets</b>   |          |
| 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 First Nation and 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 \_\_\_\_\_

|   |                                |  |
|---|--------------------------------|--|
| <b>First Nation Name and Number</b>   |                                |  |
| <b>Reserve Name and Number</b>  |                                |  |
| <b>Population</b>   | <b>Number of Housing Units</b> | <b>Fire Hydrants</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Who provides your fire protection?</b><br><input type="checkbox"/> Volunteer Brigade <input type="checkbox"/> Municipal Agreement<br>Name of Municipality: _____ |                                |  |
| 2. Was public education on fire protection/prevention provided in the last year?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |
| 2. Were fire inspection activities carried out last year?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |
| 3. Were fire suppression activities carried out last year?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |
| 4. Were fire prevention activities carried out last year?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |
| 5. Were any fire engineering activities carried out last year?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |
| <b>Prepared by:</b>   | <b>Signature:</b>              | <b>Date:</b>   |
| <b>Fire Chief:</b>  | <b>Signature:</b>              | <b>Date:</b>   |

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 First Nation and Reserve information.
- ▶ 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 20\_\_\_\_\_

| First Nation Name and Number: |         |             | Reserve Name and Number: |                         |                             |                               |                 |
|-------------------------------|---------|-------------|--------------------------|-------------------------|-----------------------------|-------------------------------|-----------------|
| Date                          | Address | No. Injured | No. Deaths:<br>Adult     | No. Deaths:<br>Children | No. of Buildings<br>Damaged | No. of Buildings<br>Destroyed | Losses in<br>\$ |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
|                               |         |             |                          |                         |                             |                               |                 |
| <b>TOTAL</b>                  |         |             |                          |                         |                             |                               |                 |
| Prepared by:                  |         | Signature:  |                          |                         |                             | 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 website) or by paper. Further details can be provided by the DIAND regional office. Data requirements for H&IA include:**

#### Community Services

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

#### Housing Units

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

#### Housing Conditions

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

#### Water Servicing

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

#### Water Quality/Quantity

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

#### Sewage Servicing

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

#### Sewage Effluent

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

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

**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 [www.ainc.inc-inac.gc.ca/esd](http://www.ainc.inc-inac.gc.ca/esd). 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 and number 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

|   |                   |              |
|---|-------------------|--------------|
| <b>FIRST NATION NAME and NUMBER</b>   |                   |              |
| <b>RESERVE NAME and NUMBER</b>  |                   |              |
| <b>SCHOOL NAME</b>  |                   |              |
| Date of last Fire Inspection <span style="float: right;">_____ / _____ / _____</span> |                   |              |
| How many Classrooms are used by the levels below?                                     |                   |              |
| Kindergarten  |                   | _____        |
| Elementary Grades   |                   | _____        |
| Secondary Grades  |                   | _____        |
| How many of the Special Purpose Classrooms below are available?                       |                   |              |
| Gymnasiums  |                   | _____        |
| Libraries   |                   | _____        |
| Science Labs  |                   | _____        |
| Home Economics Classrooms   |                   | _____        |
| Industrial Arts Workshops   |                   | _____        |
| Multi-Purpose Rooms   |                   | _____        |
| Computer Science Rooms  |                   | _____        |
| <b>Prepared by:</b>   | <b>Signature:</b> | <b>Date:</b> |

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 and number, 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  |                          | First Nation Number |           |
| Asset Name   | Asset Number & Extension | Class               | Sub-Class |
| Reserve Name   | Quantity                 | Capital Cost        | Year      |
| Description or Use of Asset  |                          |                     |           |
| <p><b>CATEGORY</b> (<i>check one</i>)</p> <p><input type="checkbox"/> <b>A. Buildings</b> Excludes housing.</p> <p><input type="checkbox"/> <b>B. Utilities</b> 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><input type="checkbox"/> <b>C. Grounds</b> Includes grass, trees, sidewalks and parking compounds.</p> <p><input type="checkbox"/> <b>D. Transport</b> Includes any form of transportation infrastructure including roads, bridges, ditches and ferries.</p> <p><input type="checkbox"/> <b>E. Vehicles</b> Includes fire, garbage, water and sewage trucks.</p> <p><b>Has this asset been....</b></p> <p><input type="checkbox"/> <b>Added</b> <i>Provide Details</i></p> <p><input type="checkbox"/> <b>Deleted</b> <i>Provide Details</i></p> <p><input type="checkbox"/> <b>Modified</b> <i>Provide Details</i></p> |                          |                     |           |
| Prepared by:   |                          | Signature:          | 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 and reserve information.
- ▶ 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.
- ▶ Write in the name of the person completing the form.



## OPERATION AND MAINTENANCE OF INFRASTRUCTURE

### Assets and Facilities

---

#### CAPITAL ASSETS

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

*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.*

**Due Date:** Annually for previous fiscal year ending March 31. For deadlines, contact the regional DIAND office.

#### Instructions

- ▶ Fill out the First Nation and Reserve information. 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.
- ▶ Write in the name of the person completing the form.

# Asset Operation and Maintenance (O&M) Review Annual Report

| <b>First Nation Name and Number</b> |                       |                      |              |
|-------------------------------------|-----------------------|----------------------|--------------|
| <b>Reserve Name and Number</b>      |                       |                      |              |
|                                     |                       |                      | Page      of |
| Asset Group                         | ACRS<br>O&M<br>Rating | Annual O&M<br>Rating | Remarks      |
| School                              |                       |                      |              |
| Teacherage                          |                       |                      |              |
| Fire protection<br>facilities       |                       |                      |              |
| Office                              |                       |                      |              |
| Community hall                      |                       |                      |              |
| Arena                               |                       |                      |              |
| Personal care<br>home               |                       |                      |              |
| Water supply                        |                       |                      |              |
| Sewage disposal                     |                       |                      |              |
| Solid waste<br>disposal             |                       |                      |              |
| Bridges                             |                       |                      |              |
| Roads                               |                       |                      |              |
| Overall O&M                         |                       |                      |              |
| Prepared by:                        |                       | Signature:           | 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 and reserve information, 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

|   |  |
|---|--|
| <b>First Nation Name and Number</b>   |  |
| <b>Reserve Name and Number</b>  |  |
| 1. Inventory lists (CAIS) updated as required.                                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Performance standards updated as required.                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Work assigned and inspections carried out as per schedule.                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Operation and maintenance records kept.                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. ACRS updates prepared and submitted.   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|   |  |
| <b>Signature of Maintenance Manager authorized by the First Nation Council:</b> | <b>Date:</b>   |

TPMS RR CODE: 0105

# COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY (INCLUDING HOUSING)

|   |   |
|---|---|
| <b>Community-Based Housing Plan Annual Report</b> ..... | 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.**

## 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 for Capital Projects form.

Consult the individual project schedule and budget plan or contact the DIAND regional office for more information.

#### Instructions

- ▶ Fill out the First Nation and Reserve information, and the 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

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

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 and Reserve information, 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 and Number   |                            |
| Reserve Name and Number  |                            |
| Project Number   | Funding Arrangement Number |
| Project Title  |                            |
| <div style="display: flex; flex-direction: column;"> <div style="display: flex; margin-bottom: 5px;"> <input style="margin-right: 10px;" type="checkbox"/> <div style="flex-grow: 1;"> <p>1. All details of the project are resolved.</p> </div> </div> <div style="display: flex; margin-bottom: 5px;"> <input style="margin-right: 10px;" type="checkbox"/> <div style="flex-grow: 1;"> <p>2. The "As Constructed" plans are available.</p> </div> </div> <div style="display: flex; margin-bottom: 5px;"> <input style="margin-right: 10px;" type="checkbox"/> <div style="flex-grow: 1;"> <p>3. There is no flaw, omission, uncompleted work, claim or outstanding payment.</p> </div> </div> <div style="display: flex; margin-bottom: 5px;"> <input style="margin-right: 10px;" type="checkbox"/> <div style="flex-grow: 1;"> <p>4. The construction complies with all requirements of applicable codes and standards.</p> </div> </div> <div style="display: flex; margin-bottom: 5px;"> <input style="margin-right: 10px;" type="checkbox"/> <div style="flex-grow: 1;"> <p>5. Official inspection report(s) or certificate(s) by qualified inspector(s) is attached.<br/>           List the reports or supporting documents attached:<br/>           e.g. Fire commissioner (Labour Canada)<br/>                 Environmental Licence (Provincial)<br/>                 Health Canada (water, sewage, testing, etc.)<br/>                 Worker's Compensation (Safety and Labour Conditions)<br/>                 Survey and Soil Testing Reports, Concrete Testing Reports, etc.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div> </div> |                            |
| 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 First Nation and Reserve information.
- ▶ 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 and Number:                                   |                             |            |               |               | Reserve Name and Number: |               |               |               |             |             |
|--|-----------------------------|------------|---------------|---------------|--------------------------|---------------|---------------|---------------|-------------|-------------|
| Source of Funds  | Project Name or Description | Total Cost | Spent to Date | Fiscal Year 1 | Fiscal Year 2            | Fiscal Year 3 | Fiscal Year 4 | Fiscal Year 5 | Total DIAND | Total Other |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
|  |                             |            |               |               |                          |               |               |               |             |             |
| <b>Total DIAND</b>   |                             |            |               |               |                          |               |               |               |             |             |
| <b>Total Other (Other Government Departments, First Nations)</b> |                             |            |               |               |                          |               |               |               |             |             |
| Chief:   |                             |            | Date:         |               | Councillor:              |               |               | Date:         |             |             |
| Councillor:  |                             |            | Date:         |               | Councillor:              |               |               | Date:         |             |             |

TPMS RR CODE: 0122



# ECONOMIC DEVELOPMENT

## WHAT'S NEW

**All programs except the Community Economic Development Program:** to simplify reporting, data elements which DIAND collects through the application process (e.g. business ownership, location, description, expected sources and uses of funds) have been eliminated from the reports in this guide and reporting on long-term benefits has been streamlined.

**Business Equity Programs (Opportunity Fund, Resource Acquisition Initiative, Major Business Projects Program):** regarding reporting of economic benefits, we are asking businesses to provide additional information on community members trained on the job; value of contracts awarded to or purchases made from community businesses; and value of payments to community governments through rents, royalties, taxes, etc. This information is readily available within the business. Reports are due (1) within three months after the first business year-end that includes the completion of the project work plan, and (2) two and four years after the due date of the first report, as required in the funding agreement

**Resource Partnerships Program (RPP) and Regional Partnerships Fund (RPF)- Project Status Reports:** We are asking for progress reporting for projects underway, completion reports for projects that have just been completed, and community benefits reporting for projects that have been completed for at least a year. For 2003-2004 reports are due (1) within 120 days after the end of any fiscal year during which funds have been provided, (2) within 120 days after the end of the first fiscal year following the last fiscal year for which funds have been provided, and (3) within 120 days after the end of the third and fifth years following the last fiscal year for which funds have been provided if required in the funding agreement

## COMMUNITY ECONOMIC DEVELOPMENT PROGRAM (CEDP)

Economic Development Report ..... 2

**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.

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

## RESOURCE PARTNERSHIP PROGRAM

Project Status Report ..... 20

## RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM

End-of-Project Report Form ..... 26

## REGIONAL PARTNERSHIP FUND

Project Status Report ..... 31

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.

**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**

| REVENUES |   | EXPENDITURES/INVESTMENTS |   |
|----------|---|--------------------------|---|
| 201      | INAC, CEDP (CEDO/ROP) \$ _____          | 211                      | <b>Administration/Operations:</b> \$ _____  |
| 202      | INAC, OP Fund/RAI/MBPP \$ _____         |                          | <b>Project Funding:</b>                     |
| 203      | INAC, Other (RAN, RPP, RPF) \$ _____    | 212                      | Training/Employment \$ _____                |
| 204      | HRDC, Pathways \$ _____                 | 213                      | Business Support \$ _____                   |
| 205      | IC, ABC \$ _____                        | 214                      | Resource Mgt. Support \$ _____              |
| 206      | Other Federal: \$ _____                 |                          | <b>Other:</b>                               |
| 207      | Prov/Terr/Muni: \$ _____                | 215                      | Economic Development related: \$ _____      |
| 208      | Band Funds: \$ _____                    |                          | <i>Other (specify):</i>                     |
| 209      | Other: \$ _____                         | 216                      | _____ \$ _____                              |
| 210      | TOTAL Revenues: \$ <input type="text"/> | 217                      | TOTAL Expenditures: \$ <input type="text"/> |

**C: STATISTICAL INFORMATION**

300  
2003-2004  
Actual

**TRAINING and EMPLOYMENT RESULTS:**

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

**BUSINESS SUPPORT RESULTS:**

Existing Businesses

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

**Business starts**

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

**RESOURCE MANAGEMENT SUPPORT RESULTS:**

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

**OTHER ECONOMIC DEVELOPMENT RELATED ACTIVITIES:**

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

D: NARRATIVE INFORMATION related to the 2003-2004 fiscal year

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

**TRAINING and EMPLOYMENT**

(also specify initiatives targeted at Social Assistance recipients)

| OBJECTIVES | RESULTS |
|------------|---------|
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |

**BUSINESS SUPPORT**

| OBJECTIVES | RESULTS |
|------------|---------|
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |

**RESOURCE MANAGEMENT**

| OBJECTIVES | RESULTS |
|------------|---------|
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |

**OTHER ECONOMIC DEVELOPMENT RELATED ACTIVITIES / LINKAGES**

(Housing construction, major capital projects, funds levered from other sources for or by client groups, etc.)

| OBJECTIVES | RESULTS |
|------------|---------|
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |

**CERTIFICATION:**

Information provided here confirmed as correct by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

## ECONOMIC DEVELOPMENT

---

### Notes on Completing the 2003/2004 Economic Development Report

#### SECTION A. Identification and Agreement Type

Line 101 Recipient: This is the name of the recipient that has received CEDO (Community Economic Development Organization) and ROP (Regional Opportunities Program) funding from INAC. 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 INAC 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 INAC 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 2003-2004 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 2003-2004 fiscal year.

\*The *service area* refers to the geographic area covered by the Community Economic Development Program.

#### **Revenues**

Line 201 INAC, CEDP (CEDO/ROP): This should include all funds received from INAC (Community Economic Development Program (CEDP)) during 2003-2004 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 INAC and the recipient referred to in line 101 and line 107.

Line 202 INAC, OPP Fund/RAI/MBPP: This should include any Opportunity Fund and/or Resource Acquisition Initiative and/or Major Business Projects Program project funding provided by INAC in 2003-2004.

## **ECONOMIC DEVELOPMENT**

---

- Line 203 INAC, Other (RAN, RPP, RPF): Identify all other funding provided by INAC in 2003-2004 to this CEDO/ROP initiative. This should also include any funding from the RAN (Resource Access Negotiations) Program, RPP (Resource Partnerships Program) or Regional Partnerships Fund (PRF) approved for this CEDO during 2003-2004. 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) 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 funds that have been directed by banks 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.
- 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.

## ECONOMIC DEVELOPMENT

---

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 2003-2004 Actual The boxes in this column represent the actual results achieved by the recipient for economic development program initiatives during the 2003-2004 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.

Line 302 # employed at time of training

Line 303 # unemployed (and not receiving social assistance) at time of training

Line 304 # receiving social assistance at time of training

*All people who received training should be included in one of the above three categories.*

Line 305 # of people continuing in employment after training: This relates to people being trained as reflected on line 302. The number of people shown on this line (as continuing in employment after training) should not exceed the number of people on line 302 (employed at time of training).

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.

## ECONOMIC DEVELOPMENT

---

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.

Existing Businesses (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.*

**New Businesses** (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.*

### 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.

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



## ECONOMIC DEVELOPMENT

---

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 2003-2004 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

---

### 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.

|                                 |               |
|---------------------------------|---------------|
| <b>ECONOMIC DEVELOPMENT LOG</b> | <b>PART 2</b> |
|---------------------------------|---------------|

| BUSINESS/PROJECT/ACTIVITY RESULTS |                                    |                |               | Existing Business (Expansion) |              |                | New Business (New Starts) |              |                | Resource Related Projects |              |                | Other Related Activities |              |                | Reference                  |
|-----------------------------------|------------------------------------|----------------|---------------|-------------------------------|--------------|----------------|---------------------------|--------------|----------------|---------------------------|--------------|----------------|--------------------------|--------------|----------------|----------------------------|
| Date                              | Business, Project or Activity Name | Contact Person | Phone #       | TS (310)                      | # Jobs (312) | Funds \$ (313) | TS (314)                  | # Jobs (316) | Funds \$ (317) | TS (318)                  | # Jobs (319) | Funds \$ (320) | TS (321)                 | # Jobs (322) | Funds \$ (323) | Financial Code, BCR#, etc. |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                |               |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |
|                                   |                                    |                | <b>TOTALS</b> |                               |              |                |                           |              |                |                           |              |                |                          |              |                |                            |

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

## ECONOMIC DEVELOPMENT

---

### OPPORTUNITY FUND (OF) / RESOURCE ACQUISITION INITIATIVE (RAI) / MAJOR BUSINESS PROJECTS PROGRAM (MBPP) PROJECT STATUS REPORT (PAGE 1 of 3)

**DUE DATE:** Reports are due (1) within three months after the first business year-end that includes the completion of the project work plan, and (2) two and four years after the due date of the first report, if required in the funding agreement.

#### **INSTRUCTIONS**

One form per Project,

All applicable sections of the report must be completed, unless specified otherwise.

#### **Project Identification:**

**Business Recipient Name:** Provide the name of business which received the funding.

**Community Recipient (CEDO) Name:** Provide the name of the Community Economic Development Organization (CEDO) which received the funding.

**INAC Contribution Amount:** Indicate the amount of INAC funds received by the business recipient through the community recipient (CEDO).

**Year of Approval:** Indicate the year the INAC funding was approved.

#### **Recipient Contact Information:**

Provide address, telephone and e-mail information, as per the form. If the business is no longer operational, or if the community recipient (CEDO) is not contributing information to the report, their address, telephone and e-mail information is not required.

#### **Activity Report:**

**Is the business still operating?** Check the appropriate box.

**If the business is no longer in operating, explain why not.** If the business is not operating, the community recipient (CED) should briefly explain why not. Use extra pages if necessary.

**Report on the compliance of the business with environmental mitigation or follow-up measures required in the funding agreement.** Report on how the business complied or did not comply with mitigation or follow-up measures required in the funding agreement. Use extra pages if necessary.

**Report on the compliance with other conditions in the funding agreement.** Report on how the business complied or did not comply with other conditions in the funding agreement. Use extra pages if necessary.

**Opportunity Fund (OF) /  
Resource Acquisition Initiative (RAI) /  
Major Business Projects Program (MBPP)  
Project Status Report**

|   |                    |                     |
|---|--------------------|---------------------|
| Project Identification  |                    |                     |
| Business Recipient Name:  |                    |                     |
| Community Recipient (CEDO) Name:  |                    |                     |
| INAC Contribution Amount:   |                    |                     |
| Year of approval:   |                    |                     |
| Recipient Contact Information   |                    |                     |
|   | Business Recipient | Community Recipient |
| Street/Box  |                    |                     |
| City/Town   |                    |                     |
| Province/Territory  |                    |                     |
| Postal Code   |                    |                     |
| Telephone   |                    |                     |
| E-Mail  |                    |                     |
| Activity Report   |                    |                     |
| Is the business still operating:? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |                    |                     |
| If the business is no longer operating, explain why not.  |                    |                     |
| Report on the compliance of the business with environmental mitigation or follow-up measures required in the funding agreement. |                    |                     |
| Report on the compliance with other conditions in the funding agreement.  |                    |                     |

## ECONOMIC DEVELOPMENT

---

### OPPORTUNITY FUND (OF) / RESOURCE ACQUISITION INITIATIVE (RAI) / MAJOR BUSINESS PROJECTS PROGRAM (MBPP) PROJECT STATUS REPORT (PAGE 2 of 3)

**Business Financial Information:** Business financial information must be provided by the business recipient. If the business is not in operation, business financial information is not required. Business financial information should come from the financial statements of the business.

**Actuals At:** Provide the date for which information is provided. This will be the business year-end in the audited financial statements or the engagement report of a registered accountant.

#### **Equity and Liabilities:**

**First Nation Equity:** Indicate equity held by the community or its members.

**Partner Equity:** Indicate equity in the business held by other private sector partners.

**INAC Equity:** Indicate INAC funding provided to the business.

**Other federal funding:** Indicate funding provided by other federal departments and agencies.

**Provincial/Territorial funding:** Indicate funding provided by provincial or territorial departments and agencies.

**Debt Financing:** Indicate debt held by the business.

**Other Liabilities:** Indicate other liabilities of the business.

**Total Equities and Liabilities:** Total the foregoing amounts.

#### **Assets:**

**Project Development:** Indicate project development assets of the business.

**Land:** Indicate land assets of the business.

**Buildings:** Indicate building assets of the business, including depreciation.

**Machinery, equipment, vehicles:** Indicate the machinery, equipment and vehicles assets of the business, including depreciation.

**Other Assets:** Indicate other assets of the business.

**Total Assets:** Indicate total assets of the business. The amount should equal total liabilities and shareholders



|   |  |
|---|--|
| Business Financial Information  |  |
| Actuals At:   |  |
| Equity and Liabilities:   |  |
| First Nation Equity   |  |
| Partner Equity  |  |
| INAC funding  |  |
| Other Federal funding   |  |
| Provincial/Territorial Funding  |  |
| Debt Financing  |  |
| Other Liabilities   |  |
| Total Equity and Liabilities  |  |
| Assets:   |  |
| Project Development   |  |
| Land  |  |
| Buildings   |  |
| Machinery, equipment, vehicles  |  |
| Working capital and inventory   |  |
| Other   |  |
| Total Assets  |  |
| Provide a copy of the audited financial statements or engagement report for the most recently completed financial year of the business, including a statement of sources and uses of funds. |  |

## **ECONOMIC DEVELOPMENT**

---

### **OPPORTUNITY FUND (OF) / RESOURCE ACQUISITION INITIATIVE (RAI) / MAJOR BUSINESS PROJECTS PROGRAM (MBPP) PROJECT STATUS REPORT (PAGE 3 of 3)**

#### **Community Benefits Report:**

**Community Economic Benefits Reported by the Business:** The first part of the “Community Benefits Report” section should be completed by the business, if it is still in operation..

Report on current numbers of employees in various categories, the number of community members trained by the business in the past year, purchases by the business from businesses in the beneficiary community or communities in the past year, and value of payments (e.g. rents, royalties, stumpage, taxes) to the government(s) of the beneficiary community or communities in the past year.

**Other Economic and Non-Economic Community Benefits Reported by the Community Recipient (CEDO):** The second part of the “Community Economic Benefits” section should be completed by the community recipient (CEDO), if the business is still in operation. Use extra pages if necessary.

**Describe other economic and non-economic benefits to the beneficiary community or communities from the project:** Describe the economic, social and other community benefits from the project. Where the project was intended to benefit several First Nation, Inuit or Innu communities, aggregate the benefits for all the beneficiary communities. The focus should be on identifying the type of benefits, rather than describing the benefits in detail. Quantification of benefits is desirable but not essential. Use extra pages if necessary.

#### **Certification:**

Provide signature, name, title of person responsible for the Project Status Report, and the date signed. If the business is no longer in operation, information from the business recipient is not required. If the community recipient (CEDO) did not contribute information to the report, information from the community recipient is not required.

| Community Benefits Reports  |                    |                            |
|---|--------------------|----------------------------|
| Community Economic Benefits Reported by the Business:   |                    |                            |
| Type of Benefit   | Amount             |                            |
| Current number of Aboriginal permanent, full-time employees   |                    |                            |
| Current number of Non-Aboriginal permanent, full-time employees   |                    |                            |
| Current number of Aboriginal part-time or seasonal employees  |                    |                            |
| Current number of Non-Aboriginal part-time or seasonal employees  |                    |                            |
| Number of community members trained in the past year  |                    |                            |
| Value of contracts for or purchases from community businesses in the past year (\$)                             |                    |                            |
| Value of payments to community government in the past year (\$)   |                    |                            |
| Other Economic and Non-Economic Community Benefits Reported by the Community Recipient (CEDO)                   |                    |                            |
| Describe other economic and non-economic benefits to the beneficiary community or communities from the project: |                    |                            |
|   |                    |                            |
| Certification   |                    |                            |
| We certify that the information contained in this report is true, to the best of our knowledge                  |                    |                            |
|   | Business Recipient | Community Recipient (CEDO) |
| Signature:  |                    |                            |
| Name::  |                    |                            |
| Position/Title:   |                    |                            |
| Date submitted:   |                    |                            |

## **ECONOMIC DEVELOPMENT**

---

### **RESOURCE PARTNERSHIPS PROGRAM (RPP) PROJECT STATUS REPORT (PAGE 1 of 3)**

**DUE DATE:** Reports are due (1) within 120 days after the end of any fiscal year during which funds have been provided, (2) within 120 days after the end of the first fiscal year following the last fiscal year for which funds have been provided, and (3) within 120 days after the end of the third and fifth years following the last fiscal year for which funds have been provided if required in the funding agreement.

#### **INSTRUCTIONS**

One form per Project

All applicable sections of the report must be completed.

#### **Project Identification:**

**Recipient Name:** Provide the name of funding recipient.

**Project Title:** Provide the project title that has been used in relation to this project.

**INAC Contribution Approved:** Indicate the amount of INAC funds approved for the project.

**Year of Approval:** Indicate the year the INAC funding was approved.

#### **Recipient Contact Information:**

Provide address, telephone and e-mail information, as per the form.

**Activity Report:** This section should be completed only for projects which activities are required under the funding agreement.

**Partnership Opportunity Identification:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

**Community and Regional Consensus Building:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

**Priority setting for regional and community economic development:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

## Resource Partnerships Program Project Status Report

|  |
|--|
| Project Identification   |
| Recipient Name   |
| Project Title  |
| INAC Contribution Amount   |
| Year of approval   |
| Recipient Contact Information  |
| Street/Box   |
| City/Town  |
| Province/Territory   |
| Postal Code  |
| Telephone  |
| E-Mail   |
| Activity Report (To be completed only for projects where activities are required under the funding agreement)  |
| <p>Partnerships opportunity identification: Tick appropriate box.</p> <p> <input type="checkbox"/> No activities planned                      <input type="checkbox"/> Activities planned but not initiated<br/> <input type="checkbox"/> Activities partially completed              <input type="checkbox"/> Activities fully completed         </p> <p>Describe activities undertaken.</p><br><br><br>                          |
| <p>Community and regional consensus building: Tick appropriate box.</p> <p> <input type="checkbox"/> No activities planned                      <input type="checkbox"/> Activities planned but not initiated<br/> <input type="checkbox"/> Activities partially completed              <input type="checkbox"/> Activities fully completed         </p> <p>Describe activities undertaken.</p><br><br><br>                        |
| <p>Priority setting for regional and community economic development: Tick appropriate box.</p> <p> <input type="checkbox"/> No activities planned                      <input type="checkbox"/> Activities planned but not initiated<br/> <input type="checkbox"/> Activities partially completed              <input type="checkbox"/> Activities fully completed         </p> <p>Describe activities undertaken.</p><br><br><br> |

## **ECONOMIC DEVELOPMENT**

---

### **RESOURCE PARTNERSHIPS PROGRAM (RPP) PROJECT STATUS REPORT (PAGE 2 of 3)**

**Business Planning:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

**Training skills needs assessment:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

**Environmental assessment:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

**Economic infrastructure needs analysis:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

**Joint working agreement formation:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

Business planning: Tick appropriate box.

- |   |   |
|---|---|
| <input type="checkbox"/> No activities planned          | <input type="checkbox"/> Activities planned but not initiated |
| <input type="checkbox"/> Activities partially completed | <input type="checkbox"/> Activities fully completed           |

Describe activities taken.

Training skills needs assessment: Tick appropriate box.

- |   |   |
|---|---|
| <input type="checkbox"/> No activities planned          | <input type="checkbox"/> Activities planned but not initiated |
| <input type="checkbox"/> Activities partially completed | <input type="checkbox"/> Activities fully completed           |

Describe activities taken.

Environmental assessment: Tick appropriate box.

- |   |   |
|---|---|
| <input type="checkbox"/> No activities planned          | <input type="checkbox"/> Activities planned but not initiated |
| <input type="checkbox"/> Activities partially completed | <input type="checkbox"/> Activities fully completed           |

Describe activities taken.

Economic infrastructure needs analysis: Tick appropriate box.

- |   |   |
|---|---|
| <input type="checkbox"/> No activities planned          | <input type="checkbox"/> Activities planned but not initiated |
| <input type="checkbox"/> Activities partially completed | <input type="checkbox"/> Activities fully completed           |

Describe activities taken.

Joint working agreement formation: Tick appropriate box.

- |   |   |
|---|---|
| <input type="checkbox"/> No activities planned          | <input type="checkbox"/> Activities planned but not initiated |
| <input type="checkbox"/> Activities partially completed | <input type="checkbox"/> Activities fully completed           |

Describe activities taken.

## ECONOMIC DEVELOPMENT

---

### RESOURCE PARTNERSHIPS PROGRAM (RPP) PROJECT STATUS REPORT (PAGE 3 of 3)

**Completion Report:** This section should be completed for projects which have been completed and for which completion reports have not been provided previously.

**Describe the status of the joint working agreement:** Tick the most appropriate box.

**If the project did not lead to an agreement, explain why not:** If the project did not lead to a joint working agreement, or some other agreement, explain why not. Keep in mind that not all projects can be expected to lead to a joint working agreement. Use extra pages if necessary.

**Community Benefits Report:** This section should be completed for projects which have been completed.

Report quantifiable economic benefits *resulting from the project* by indicating the current number of resulting jobs in several categories, the current number of livelihoods in traditional occupations that have been preserved, the resulting number of community members trained in the past year, the resulting value of contracts for or purchases from community businesses in the past year, the resulting value of incremental community government revenue (e.g. rents, royalties, stumpage, taxes) in the past year, and the number of spin off businesses that have started to date because of the project.

**Describe other economic and non-economic benefits to the beneficiary community or communities from the project:** Describe the economic, social and other benefits from the project. Where the project was intended to benefit several First Nation, Inuit or Innu communities, aggregate the benefits for all the beneficiary communities. The focus should be on identifying the type of benefit, rather than describing the benefit in detail. Quantification of benefits is desirable but not essential. Use extra pages if necessary.

#### **Certification**

Provide signature, name, title of person responsible for the Project Status Report, and the date signed.



Completion Report (To be completed for projects which have been completed and for which completion reports have not been provided previously)

Describe status of joint working agreement: Tick appropriate box.  
 joint working agreement signed  
 joint working agreement under negotiation  
 negotiations for a joint working agreement on hold but not terminated  
 agreement other than a joint working agreement signed  
 agreement other than a joint working agreement under negotiation  
 negotiations not started or started and terminated

If the project did not lead to an agreement, explain why not.

Community Benefits Report (To be provided for projects which have been completed.)

| Type of Benefit Resulting From the Project  | Amount |
|---|--------|
| Current number of Aboriginal permanent, full-time jobs                              |        |
| Current number of Non-Aboriginal permanent, full-time jobs                          |        |
| Current number of Aboriginal part-time or seasonal jobs                             |        |
| Current number of Non-Aboriginal part-time or seasonal jobs                         |        |
| Current number of livelihoods in traditional occupations that have been preserved   |        |
| Number of community members trained in the past year                                |        |
| Value of contracts for or purchases from community businesses in the past year (\$) |        |
| Value of incremental community government revenues in the past year (\$)            |        |
| No. of spin-off business starts to date   |        |

Describe other economic and non-economic expected benefits to the beneficiary community or communities from the project.

Certification

I certify that the information contained in this report is true, to the best of my knowledge.

Signature

Name

Position/Title

Date Submitted

## ECONOMIC DEVELOPMENT

---

### 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.

**RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM  
(APPLICANT'S) END-OF-PROJECT REPORT FORM - page 3 of 5**

|  |   |
|--|---|
| <b>PROJECT TITLE:</b>  |   |
| <b>RECIPIENT INFORMATION</b>   |   |
| <b>Recipient Name:</b>   |   |
| <b>STATUS OF NEGOTIATIONS</b>  |   |
| <b>Is the project completed (Mark One)?</b> ( ) yes                      ( ) no  |   |
| <b>What is the status of negotiations? (mark one)</b>  |   |
| <input type="checkbox"/> Final agreement signed<br><input type="checkbox"/> Negotiations are ongoing<br><input type="checkbox"/> Agreement in principle signed with final agreement to follow<br><input type="checkbox"/> Negotiations on hold but not terminated<br><input type="checkbox"/> Informal agreement reached and objectives met fully<br><input type="checkbox"/> Negotiations were unsuccessful<br><input type="checkbox"/> Informal agreement reached and objectives met partially |   |
| <b>Parties to Agreements</b>   | <b>Type of Agreement</b>                      |
| Agreement #1 _____   | Final ( )    In principle ( )    Informal ( ) |
| Agreement # 2 _____  | Final ( )    In principle ( )    Informal ( ) |
| Agreement # 3 _____  | Final ( )    In principle ( )    Informal ( ) |
| <b>BENEFITS EXPECTED TO RESULT FROM NEGOTIATED AGREEMENTS</b>  |   |
| Expected Number of Permanent, Full-time, Year-Round Jobs   |   |
| Expected Number of Permanent, Full-time Jobs that are not Year Round   |   |
| Expected Number of Permanent, Part-time, Year-Round Jobs   |   |
| Expected Number of Permanent, Part-time Jobs that are not Year Round   |   |
| Expected Number of Fixed Duration Jobs   |   |
| Expected Person Years of Employment in Fixed Duration Jobs   |   |
| Expected Dollar Value of Contracts and Subcontracts  |   |
| Expected Dollar Value of Community Revenue To Be Generated   |   |
| Expected Number of Trained Persons   |   |
| Expected Number of Business Starts   |   |

TPMS RR CODE: 0136

**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:

[Empty box for Description of Results]



|            |       |
|------------|-------|
| Signature: | Date: |
| Name:      |       |
| Title:     |       |

TPMS RR CODE: 0136

## **ECONOMIC DEVELOPMENT**

---

### **REGIONAL PARTNERSHIPS FUND (RPF) PROJECT STATUS REPORT (PAGE 1 of 3)**

**DUE DATE:** Reports are due within (1) within 120 days after the end of any fiscal year during which funds have been provided, and (2) within 120 days after the end of the first, third and fifth fiscal years following the last fiscal year for which funds have been provided.

#### **INSTRUCTIONS**

One form per Project.

All applicable sections of the report must be completed.

#### **Project Identification:**

**Recipient Name:** Provide the name of funding recipient.

**Project Title:** Provide the project title that has been used in relation to this project.

**INAC Contribution Approved:** Indicate the amount of INAC funds approved for the project.

**Year of Approval:** Indicate the year the INAC funding was approved.

#### **Recipient Contact Information:**

Provide address, telephone and e-mail information, as per the form.

**Activity Report:** This section should be completed for economic infrastructure projects which have not yet been completed.

**Project Start Date:** Provide actual project start date.

**Expected Completion Date:** Provide expected project completion date based on project management time line.

**Progress Report for the Period From:** Indicate the start of the period covered by this progress report.

**Progress Report for the Period To:** Indicate the end of the period covered by this progress report.

**Report on the compliance of the business with environmental mitigation or follow-up measures required in the funding agreement.** Report on how the business complied or did not comply with mitigation or follow-up measures required in the funding agreement. Use extra pages if necessary.

**Report on the compliance with other conditions in the funding agreement.** Report on how the business complied or did not comply with other conditions in the funding agreement. Use extra pages if necessary.

## Regional Partnerships Fund Project Status Report

|  |
|--|
| Project Identification   |
| Recipient Name   |
| Project Title  |
| INAC Contribution Approved   |
| Year of approval   |
| Recipient Contact Information  |
| Street/Box   |
| City/Town  |
| Province/Territory   |
| Postal Code  |
| Telephone  |
| E-Mail   |
| Activity Report (To be completed only for economic infrastructure projects which have not yet been completed)  |
| Project start date   |
| Expected Completion Date   |
| Progress Report for the Period From: _____ To: _____   |
| Report on the compliance with environmental mitigation or follow-up measures required in the funding agreement |
| Report on the compliance with other conditions in the funding agreement.                                       |



## ECONOMIC DEVELOPMENT

---

### REGIONAL PARTNERSHIPS FUND (RPF) PROJECT STATUS REPORT (PAGE 2 of 3)

**Work Progress Compared to Original Project Schedule (Time):** Briefly describe in percentages the physical progress that has been made in the main parts of the project, and compare the progress made to the original project schedule. Through the percentage in the variance column, indicate whether the project is ahead, on or behind schedule.

**Statement of Expenditures Compared with Planned Cash Flow Budget (Cost):** Show the amount spent on each phase of the project to date, compared with the total amount original budgeted in the planned cash flow for the project.

**Explanation of Variances between work planned and completed work (time and cost):** 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. Use extra pages if necessary.

**Completion Report:** This section should be completed for projects which have been completed and for which completion reports have not been provided previously.

**All details of the project are resolved:** Indicate yes or no.

**The “As Constructed” plans are available:** Indicate yes or no.

**There is no flow, omission, uncompleted work, claim or outstanding payment:** Indicate yes or no.

**The construction complies with all requirements of applicable codes and standards:** Indicate yes or no.

**List the official inspection reports, certificates by qualified inspectors, and other key reports or supporting documents that are attached:** Examples could include Fire Commissioner (Labour Canada), Environmental Licence (Province), Health Canada (water, sewage, testing), Worker’s Compensation (Safety and Labour Conditions), Survey and Soil Testing Reports, Concrete Testing Reports. Use extra pages if necessary.

| Work Progress Compared to Original Project Schedule (Time)  |                                  |                                       |                             |            |
|---|----------------------------------|---------------------------------------|-----------------------------|------------|
| Type of Activity  | Work Done to Date (%)            | Work Planned to Date (%)              | Variance (%)                |            |
| Design  |                                  |                                       |                             |            |
| Construction  |                                  |                                       |                             |            |
| Commissioning/Start-up  |                                  |                                       |                             |            |
| Statement of Expenditures Compared with Planned Cash Flow Budget Cost   |                                  |                                       |                             |            |
| Type of Activity  | Expenditures of INAC Funds<br>\$ | Expenditures of Funds of Others<br>\$ | Budgeted Expenditures<br>\$ | Variance % |
| Design  |                                  |                                       |                             |            |
| Construction  |                                  |                                       |                             |            |
| Commissioning /Start-up   |                                  |                                       |                             |            |
| Explanation of variances between work planned and completed work (time and cost)  |                                  |                                       |                             |            |
|   |                                  |                                       |                             |            |
| Completion Report (To be completed for projects which have been completed and for which completion reports have not been provided previously) |                                  |                                       |                             |            |
| Are all details of the project resolved? <span style="float: right;">[ ] yes      [ ] no</span>   |                                  |                                       |                             |            |
| Are the "As Constructed" plans available? <span style="float: right;">[ ] yes      [ ] no</span>  |                                  |                                       |                             |            |
| Are there flaws, or omissions, or uncompleted works, or claims or outstanding payment?<br>[ ] yes      [ ] no                                 |                                  |                                       |                             |            |
| Does the construction comply with all requirements of applicable codes and standards?<br>[ ] yes      [ ] no                                  |                                  |                                       |                             |            |
| List the official inspection reports, certificates by qualified inspectors, and other key reports or supporting documents that are attached:  |                                  |                                       |                             |            |
|   |                                  |                                       |                             |            |

## ECONOMIC DEVELOPMENT

---

### REGIONAL PARTNERSHIPS FUND (RPF) PROJECT STATUS REPORT (PAGE 3 of 3)

**Community Benefits Report:** This section should be completed by recipients where economic infrastructure projects have been completed.

Report quantifiable economic benefits *resulting from the economic infrastructure project* by indicating the current number of resulting jobs in several categories, the current number of livelihoods in traditional occupations that have been preserved, the resulting number of community members trained in the past year, the resulting value of contracts for or purchases from community businesses in the past year, the resulting value of incremental community government revenue (e.g. rents, royalties, stumpage, taxes) in the past year, and the number of spin off businesses that have started to date because of the project.

**Describe other economic and non-economic benefits to the beneficiary community or communities from the project:** Describe the economic, social and other benefits from the project. Where the project was intended to benefit several First Nation, Inuit or Innu communities, aggregate the benefits for all the beneficiary communities. The focus should be on identifying the type of benefit, rather than describing the benefit in detail. Quantification of benefits is desirable but not essential. Use extra pages if necessary.

#### **Certification:**

Provide signature, name, title of person responsible for the Project Status Report, and the date signed.



## OTHER

**POLICING** ..... **2**

**HEALTH SERVICES** ..... **3**

### **WHAT'S NEW**

Reporting Requirements have been updated for First Nations that have agreements with the Solicitor General of Canada to provide policing services.

For a brief overview of these programs please refer to the First Nations National Reporting Guide 2003-2004, 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)**

---

POLICING funded by the SOLICITOR GENERAL CANADA through the funding arrangements of Indian and Northern Affairs Canada, such as

Alternative Funding Arrangement (AFA)  
Fixed Volume Financial Transfer Agreement (FTA) /  
Canada/First Nations National Funding Agreement (CFNFA) /  
DINAC/First Nations National Funding Agreement (DFNFA)

First Nations that have agreements with the Solicitor General Canada to provide policing services on reserves are responsible for reporting as follows:

### For Tripartite Policing Agreements

- ▶ identify the policing agreement by listing the Parties to the agreement and the term/duration of the agreement; and
- ▶ report on all the reporting requirements stipulated in each specific tripartite agreement (the requirements are not repeated here).

### For Band Constable Funding Agreements

- ▶ provide the name of all Band Constables employed for any length of time during the last fiscal year, including the date that employment started and the date employment was terminated (if terminated);
- ▶ indicate for each Band Constable if they have a provincial appointment as a special constable pursuant to the appropriate provincial authority (specify which authority) or has received and maintained certification from the RCMP;
- ▶ indicate for each Band Constable that does not have a provincial appointment as a special constable or a certification from the RCMP, the problem(s) encountered and any corrective action being taken;
- ▶ indicate for each Band Constable the details of training received including the courses attended, the date of courses and the location where training was provided, the name of the training supplier/organization, and an indication of whether or not the training course was successfully completed; and
- ▶ provide financial statement showing the receipt of the funds (revenues) and the use of the funds (expenditures); these funds were provided for use solely towards the costs of the Band Constable Program.

The Solicitor General Canada may also require other information. For more details on reporting requirements and deadlines, contact your INAC regional office (See Tab A of this volume).



## HEALTH SERVICES REPORTING AND AUDITING GUIDELINES HEALTH CANADA

June 2000

First Nations who have joint DIAND/Health Canada agreements are required to submit reports as outlined in the Health Services' Reporting and Auditing Guidelines (Health Canada) listed in Volume I: Forms, Tab K.

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

For more details on reporting requirements and deadlines, contact your DIAND regional office (Tab A of this volume).

**HEALTH SERVICES  
REPORTING AND AUDITING GUIDELINES  
HEALTH CANADA  
Table of Contents**

|          |  |          |
|----------|--|----------|
| <b>1</b> | <b>INTRODUCTION</b> .....  | <b>1</b> |
| <b>2</b> | <b>PURPOSE</b> .....   | <b>1</b> |
| <b>3</b> | <b>DEFINITIONS</b> .....   | <b>1</b> |
| <b>4</b> | <b>REPORTING REQUIREMENTS</b> .....                                      | <b>2</b> |
|          | Audit Report   |          |
|          | Reports prepared by the Band   |          |
| <b>5</b> | <b>OTHER ACCOUNTING INFORMATION</b> .....                                | <b>6</b> |
|          | ATTACHMENT 1 - Auditor's Derivative Report .....                         | 7        |
|          | ATTACHMENT 1-1 - Schedule - Report on Health Expenditures .....          | 8        |
|          | ATTACHMENT 1-2- Schedule - Report on Moveable Assets Reserve (MAR) ..... | 9        |
|          | ATTACHMENT 2 - List of FNIHB Programs/Services .....                     | 10       |
|          | ATTACHMENT 3 - Mandatory Programs and Their Reporting Requirements ..... | 11       |
|          | ATTACHMENT 4 - Summary of Reporting Requirements .....                   | 12       |
|          | ATTACHMENT 5 - Listing of moveable Assets .....                          | 13       |
|          | ATTACHMENT 6 - Sample Auditor's Derivative Report .....                  | 14       |
|          | ATTACHMENT 7 - Sample Audit Report for Health Services Transfer .....    | 18       |



## 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 called 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: 200\_\_/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: 200\_\_ /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)<br><br>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<br><br>Notification to Province and Department within 24 hours on diseases with epidemic potential<br><br>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<br><br>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"> <li>summary of programs and services</li> <li>data on services, operations and results</li> <li>challenges and changes in members health status</li> <li>explanations for deviations from the CHP</li> <li>audit report</li> </ul>  | <ul style="list-style-type: none"> <li>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</li> <li>copy as part of the Annual Report to the Minister</li> </ul>     |
| Reports on the Provision of Mandatory Programs | <ul style="list-style-type: none"> <li>separate requirements for communicable disease control, environmental health and treatment services; details provided in CHP-3, Handbook 2.</li> </ul>  | <ul style="list-style-type: none"> <li>periodic reports to the provinces with copies to FNIHB as required by provincial and federal authorities for each mandatory program</li> <li>annual summary as part of the Annual Report to the Minister</li> </ul> |
| Audit Report                                   | <ul style="list-style-type: none"> <li>auditor's opinion of Band's financial statements</li> <li>compliance with terms and conditions of Agreement</li> <li>report on health expenditures</li> <li>report on Moveable Assets Reserve</li> </ul>  | <ul style="list-style-type: none"> <li>report to FNIHB Regional Office within 90 days after the end of the Band's fiscal year</li> <li>copy as part of the Annual Report to the Minister and of the Annual Report to community members.</li> </ul>         |
| Evaluation Report                              | <ul style="list-style-type: none"> <li>evaluation to be conducted in accordance with the Evaluation Plan during 4<sup>th</sup> year of transfer period to allow report to be completed in 5<sup>th</sup> year of transfer period</li> <li>assessment of the effectiveness of community health programs and objectives</li> <li>determination of any changes in health status of community members</li> </ul> | <ul style="list-style-type: none"> <li>report to community members and FNIHB for every 5-year period of transfer.</li> </ul>   |
| Annual Report to the Minister                  | <ul style="list-style-type: none"> <li>includes copy of Annual Report to community members, a summary of reports on mandatory programs, and a copy of the audit report</li> </ul>  | <ul style="list-style-type: none"> <li>annually to FNIHB within 90 days after the end of the Band's fiscal year</li> </ul>   |

**ATTACHMENT 5 - Listing of Moveable Assets**

| LISTING OF MOVEABLE ASSETS |       |                  |      |
|----------------------------|-------|------------------|------|
| FISCAL YEAR: 200__/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 0L3  
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: 200\_\_/200\_\_

**FUNDS AVAILABLE**

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

**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>       |
| <b>TOTAL EXPENDITURES</b>    | <b><u>\$610,000</u></b> |

|                                    |                         |
|------------------------------------|-------------------------|
| <b>CLOSING BALANCE AT YEAR-END</b> | <b><u>\$ 10,000</u></b> |
|------------------------------------|-------------------------|

**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: 200\_\_ /200\_\_

|  |       |                         |
|--|-------|-------------------------|
| 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>         |
| <b>SUB TOTAL</b>                             |       | <b><u>\$91,200</u></b>  |
|  | MINUS |                         |
| Replacements during the Year                 |       | <u>\$ 6,708</u>         |
| <b>BALANCE AT THE END OF THE FISCAL YEAR</b> |       | <b><u>\$ 83,292</u></b> |



**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

|  | <b>Attachment</b> |
|--|-------------------|
| Auditor's Report   | 7-2               |
| Balance Sheet  | 7-3               |
| Statement of Moveable Assets                                       | 7-4               |
| Combined Statement of Revenue, Expenditure and Accumulated Surplus | 7-5               |
| Schedule of Expenditure  | 7-6               |
| Cash Flow Statement  | 7-7               |
| Notes to Financial Statement                                       | 7-8               |
| <br>   |                   |
| Schedule 1 - Accounts Receivable                                   | 7-9               |
| Schedule 1 - Accounts Payable and Accrued Liabilities              | 7-9               |

**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

|                                      | <b>2000</b>             | <b>1999</b>             |
|--------------------------------------|-------------------------|-------------------------|
| 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>         |
| <b>BALANCE OF END OF YEAR</b>        | <b><u>\$ 87,500</u></b> | <b><u>\$ 73,500</u></b> |

**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>          |
|  | <b><u>\$ 886,000</u></b> | <b><u>\$ 814,000</u></b> |
| 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>         | —                        |
|  | <b><u>\$ 930,000</u></b> | <b><u>\$ 830,000</u></b> |
| EXCESS REVENUE (EXPENDITURE)                           | (44,000)                 | (16000)                  |
| ACCUMULATED SURPLUS AT BEGINNING OF YEAR               | <u>320000</u>            | <u>\$304000</u>          |
| <b>ACCUMULATED SURPLUS AT END OF YEAR</b>              | <b><u>\$ 276,000</u></b> | <b><u>\$ 320,000</u></b> |

**ATTACHMENT 7-6 - Sample Schedule of Expenditure****Sun First Nation, Schedule of Expenses, For the year ending March 31, 2000**

|   | Budget                   | 2000<br>Actual           | 1999<br>Actual           |
|---|--------------------------|--------------------------|--------------------------|
| <b>ADMINISTRATION</b>                     |                          |                          |                          |
| 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>         |
| <b>HEALTH AUTHORITY MANAGEMENT</b>        |                          |                          |                          |
| 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>        |
| <b>HEALTH STATION OPERATION</b>           |                          |                          |                          |
| 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>         |
| <b>BUILDING OPERATION AND MAINTENANCE</b> |                          |                          |                          |
| 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>        |
| <b>COMMUNITY HEALTH PROGRAMS</b>          |                          |                          |                          |
| 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>        |
| <b>BUILDING HEALTHY COMMUNITIES</b>       |                          |                          |                          |
| Resource coordinator                      | \$ 29,000                | \$ 20,000                | \$ 26,500                |
| 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>         |
| <b>HEALTH TRANSFER EVALUATION</b>         |                          |                          |                          |
|   | <u>\$ 15,000</u>         | <u>\$ 25,000</u>         | —                        |
| <b>TOTAL EXPENDITURE</b>                  | <u><b>\$ 950,100</b></u> | <u><b>\$ 930,000</b></u> | <u><b>\$ 830,000</b></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

|                        | <b>2000</b>       | <b>1999</b>       |
|------------------------|-------------------|-------------------|
| 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**

|  |    |
|--|----|
| <b>Key Terms</b> .....   | 2  |
| <b>Summary of Reports to be submitted</b> .....                            | 3  |
| <b>Management Reports</b>  |    |
| Environmental Assessment .....   | 6  |
| Indian Registration and Band Lists .....                                   | 7  |
| Land Management .....  | 8  |
| Elementary/Secondary (E/S) Education .....                                 | 9  |
| Post-Secondary Education (PSE) .....                                       | 10 |
| Social Development .....   | 11 |
| Pension Plan Funding .....   | 12 |
| Capital Facilities and Maintenance .....                                   | 13 |
| Facilities Operations and Maintenance (O&M) .....                          | 14 |
| Fire Protection .....  | 15 |
| Policing (funded by the Solicitor General of Canada) .....                 | 16 |
| Health Services Canada Transfer Agreements (funded by Health Canada) ..... | 17 |

## AFA/FTA/CFNFA/DFNFA Annual Return - Management Report

---

### Overview

The Management Report under 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. It 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, or online 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 15 - See Guide \_\_\_\_\_
- ▶ NRORP Collection Form  
Due annually - February 15 - See Guide \_\_\_\_\_
- ▶ NRORP Certificate Form  
Due annually - February 15 - See Guide \_\_\_\_\_

**b. Environmental Assessment**

- ▶ Environmental Compliance Report  
Due annually - June 30 \_\_\_\_\_
- ▶ CEAA - Environmental Assessment Report  
Due 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**

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Environmental Assessment**

**a. Minimum Program Requirements**

Did every project (as defined by CEAA) and which does not appear on the Exclusion List, prescribed under CEAA paragraph 59 and which is carried out with funding provided under this agreement, undergo an environmental assessment? **Yes**  **No**

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

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

If the First Nation has been delegated authority to make the environmental assessment decision, was public access to information respecting the project, the environmental assessment and the environmental assessment decision provided? **Yes**  **No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**b. Other Information:**

A copy of the CEAA - Environmental Assessment Report and Environmental Compliance Report shall be submitted by the Council to DIAND (Refer to Tab C: Environmental Assessment in this volume).

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |



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

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Indian Registration and Band List**

**a. Minimum Program Requirements:**

Bands controlling their Indian Register under Section 10 of the *Indian Act*.

- ▶ Has up-to-date information been submitted to DIAND, in accordance with the DIAND Indian Registry Reporting Manual, for the purpose of maintaining the Indian Register?

**Yes**  **No**

Bands not controlling their Indian Register under Section 10 of the *Indian Act*.

- ▶ Has up-to-date information been submitted to DIAND, in accordance with the DIAND Indian Registry Reporting Manual, for the purpose of maintaining the band list?

**Yes**  **No**  **Band controls own list**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |

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

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**a. Minimum Program Requirements:**

Bands with delegated authority under sections 53 or 60 of the *Indian Act*.

- ▶ Have land transactions been managed and administered in accordance with the *Indian Act*, delegation instruments and the DIAND Land Management and Procedures Manual? **Yes  No**
- ▶ Has the council operated a lease billing system and kept an accounting record for all leases and permits entered into, rental received, receivable and overdue? **Yes  No**
- ▶ Was the Minister provided with duplicate originals of all documents executed by the council or its agent, for registration, pursuant to the delegated authority? **Yes  No**
- ▶ Has there been an approval of the form and term of instruments including pre-audit of those with terms over 25 years (where applicable)? **Yes  No**
- ▶ Has the council notified the Minister of rental arrears, outstanding permit fees over 30 days in arrears, any breaches of lease/permits terms and conditions and any other issues? **Yes  No**

Bands without delegated authority under sections 53 or 60 of the *Indian Act*.

- ▶ Has the council provided core and transaction services in accordance with the DIAND Land Management and Procedures Manual? **Yes  No**
- ▶ Has the council notified the Minister of rental arrears, outstanding permit fees over 30 days in arrears, any breaches of lease/permits terms and conditions and any other issues? **Yes  No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |

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

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Elementary/Secondary (E/S) Education**

**a. Program Policies of the Council:** Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

**b. Policy Changes:** Have any significant policy changes been made over the past year? **Yes  No**   
If yes, please identify on an attached page.

**c. Minimum Program Requirements:** Do the policies provide for the following requirements?

▶ Registered Indian students ordinarily resident on-reserve have access to education. **Yes  No**

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

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**d. Other Information:**

▶ A copy of the nominal roll shall be submitted by the council to DIAND (Refer to 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  |

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

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Post-Secondary Education (PSE)**

**a. Program Policies of the Council:** Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

**b. Policy changes:** Have any significant policy changes been made over the past year? **Yes  No**   
If yes, please identify on an attached page.

**c. Minimum Program Requirements:** Does the PSE program fully comply with the following requirements?

- ▶ Defined eligibility criteria. **Yes  No**
- ▶ Formally available and publicly available benefits schedule. **Yes  No**
- ▶ An established appeals process. **Yes  No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**d. Other Information:** Data Reports for Post-Secondary Education are to be submitted from the council to DIAND (Refer to Tab E: Education in this volume).

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |

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

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Social Development**

**a. Program Policies of the Council:** Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

**b. Policy Changes:** Have any significant policy changes been made over the past year?

**Yes**  **No**

If yes, please identify on an attached page.

**c. Minimum Program Requirements:** Do programs for basic/special needs, individual and family care and adult care fully comply with the following requirements?

▶ An objective needs test. **Yes**  **No**

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

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

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

▶ Procedures to ensure confidentiality of client information. **Yes**  **No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**d. Other Information:** Data reports for Social Assistance and Economic Development are to be submitted by the council to DIAND (Refer to Tab G: Social Development in this volume). As well, in Ontario monthly social assistance statements are to be provided in accordance with the agreement.

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| 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**  **No**
  
- ▶ Has the required documentation and fees been submitted to OSFI? **Yes**  **No**
  
- ▶ Has the employee-employer share of contributions been remitted to the underwriter toward a private pension plan and has CPP/QPP contributions been remitted to Canada Customs and Revenue Agency? **Yes**  **No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**b. Other Information:**

- ▶ Data Report for Pension Plan Funding is to be provided by the council to DIAND (Refer to Tab H: Indian Government Support in this volume).

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| 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**  **No**   
If yes, please identify on an attached page.

**c. Minimum Program Requirement:** Are projects implemented in accordance with the following generally accepted capital management principals?

▶ All projects have a well-defined and formally approved scope of work, schedule and budget. **Yes**  **No**

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

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

▶ All new facilities are designed to meet code requirements in accordance with the alternative Funding Agreement (AFA) . All designs for projects having a total estimated cost of more than \$50,000, or not normally within the competence of a technician/technologist bear the stamp of a professional engineer or architect. **Yes**  **No**

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

▶ All housing construction are inspected by CMHC-designated inspectors for compliance with code requirements at the following stages: site, foundation, framing and insulation and completion. **Yes**  **No**

▶ Does the council have a policy on the use of a competitive tendering process to ensure best value, prudence, probity and sound contract management. **Yes**  **No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

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

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |

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

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Operations and Maintenance (O&M)**

**a. Program Policies of the Council:** Please identify the program delivery policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

**b. Policy Changes:** Have any significant policy changes been made over the past year? **Yes**  **No**   
If yes, please identify on an attached page.

**c. Minimum Program Requirements:** Operation and maintenance of community infrastructure and education facilities is carried out in accordance with the following:

- ▶ Band capital assets are recorded in an inventory of band assets. **Yes**  **No**
- ▶ Performance/level of service standards are identified for all assets. **Yes**  **No**
- ▶ Minimum maintenance activities are planned for all assets. **Yes**  **No**
- ▶ All activities are assigned to a responsible person to ensure their completion. **Yes**  **No**
- ▶ A record is kept of all maintenance activities performed. **Yes**  **No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**d. Additional Information:** Data Reports for Facilities Operations and Maintenance shall be submitted by the council to DIAND (Refer to Tab I: Capital in this volume).

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |



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

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Fire Protection**

**a. Program Policies of the Council:** Please identify the program delivery policies the council has adopted and is applying (on a separate piece of paper by referencing the name and date of the policy or by providing a brief description).

**b. Policy Changes:** Have any significant policy changes been made over the past year? **Yes**  **No**   
If yes, please identify on an attached page.

**c. Minimum Program Requirement:** Are fire protection services being provided on reserve as intended? **Yes**  **No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**d. Other Information:** Data report for Fire Protection shall be submitted by the council to DIAND (Refer to Tab I: Capital in this volume).

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |

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

**Recipient Name:** \_\_\_\_\_  
**Agreement No:** \_\_\_\_\_

**Policing (funded by the Solicitor General of Canada)**

**a. Program Policies of the Council:** Please identify the program delivery policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

**b. Policy Changes:** Have any significant policy changes been made over the past year? **Yes**  **No**   
If yes, please identify on an attached page.

**c. Minimum Program Requirements:** Have all constables employed received and maintained certification from the RCMP or appropriate provincial authority (please specify provincial authority \_\_\_\_\_)? **Yes**  **No**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

**d. Other Information:** Data report for Policing shall be submitted by the council to DIAND (Refer to Volume II: Reference, Tab K: Other Program Reporting).

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |

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

**Recipient Name:** \_\_\_\_\_

**Agreement No:** \_\_\_\_\_

**Health Services Canada Transfer Agreements  
(funded by Health Canada)**

**a. Program Policies of the Council:** Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).

**b. Policy Changes:** Have any significant policy changes been made over the past year?

**Yes  No**

If yes, please identify on an attached page.

**c. Minimum Program Requirements:** If a "no" is answered for any of the following questions, please identify on a separate page the problem(s) being encountered and any corrective action being taken.

**Community Health Services**

▶ Were the communicable disease control immunization levels maintained according to provincial/federal schedules? **Yes  No  N/A**

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

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

**Treatment Services**

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

**Environmental Health and Surveillance**

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

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

**Emergency Preparedness Plan**

▶ Was the council's emergency preparedness plan and a coordinator for the plan maintained to deal with the health aspects of major disasters such as fire, floods and epidemics? **Yes  No  N/A**

**Stocked Drugs**

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

▶ Has the council managed the purchase, control, dispensing and disposal of stocked narcotics and controlled drugs in accordance with the appropriate regulations of the *Narcotics Control Act* and the *Food and Drug Act*? **Yes  No  N/A**

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

**Recipient Name:** \_\_\_\_\_

**Agreement No:** \_\_\_\_\_

**Liability Insurance**

- ▶ Has the council maintained an appropriate insurance policy to cover any respective malpractice and professional liability that may result from the council's delivery of health services under this agreement? **Yes**  **No**  **N/A**

**Confidentiality**

- ▶ Has information of a confidential nature relating to the affairs of the Minister of National Health and Welfare been treated by the council as confidential? **Yes**  **No**  **N/A**
- ▶ Has all information of a personal medical nature to which the council becomes privy been treated as confidential? **Yes**  **No**  **N/A**

If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

- d. Other Information:** Data Report for Health Transfer Services shall be submitted by the Council to DIAND. Reporting and auditing guidelines for Health Services CFNFA can be found at Tab K in this volume. Please contact your regional DIAND office for further information (Tab A in this volume).

**Information provided here confirmed as correct by:**

|      |           |
|------|-----------|
| Name | Signature |
| Date | Position  |