



Indian and Northern  
Affairs Canada

Affaires indiennes  
et du Nord Canada



# FIRST NATIONS NATIONAL REPORTING GUIDE

## FOR 2004-2005

### VOLUME I - FORMS

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

Canada

# W H A T ' S N E W ?

## ENVIRONMENTAL ASSESSMENT

On October 30, 2003, *An Act to Amend the Canadian Environmental Assessment Act* was proclaimed. The amended Act effectively changes reporting requirements for Environmental Assessment Reports and Screening Reports for projects on reserve land:

- ? INAC is solely\* responsible for ensuring that the environmental assessment is conducted, and for making the environmental assessment decision for INAC-funded Economic Development and Capital projects (as defined by CEAA) occurring on reserve land, prior to the release of funding;
- ? for this reason the Environmental Assessment section has been removed from funding agreements and the FNNRG;
- ? INAC is also responsible for posting Environmental Assessment information on the Canadian Environmental Assessment Registry at least 15 days before an environmental assessment decision is made; and
- ? if an Environmental Assessment report determines that environmental mitigation or follow-up measures are required for a specific project, First Nations are to report on this in the applicable Economic Development or Capital reports for that project, prior to the release of final funding.

\*Unless another federal department is also triggered by CEAA, INAC alone must make the EA decision. The First Nation can no longer make the EA decision.

## TAB C1 - ELEMENTARY/SECONDARY EDUCATION

### ? **Changes to the Nominal Roll Student Census**

- **Special Education:** In order to qualify to funding, students receiving Special Education services must be identified on the Nominal Roll Student Census. Each student record must have either *(1) high cost special education services provided* or *(4) no high cost special education services provided* marked under the Special Education column of the Nominal Roll Student Census.
  - **Status Code (2) Other:** INAC has interim authority to provide funding for all elementary/secondary students who are ordinarily resident on reserve. However, this interim authority expires March 31, 2005 and INAC must seek a new authority prior to this date. In order to support the authority to fund all students ordinarily resident on-reserve, it is essential to gain a clear understanding of the circumstances of all students currently being funded. Additional information on non-registered students will be collected on a table located on the back of the Nominal Roll Student Census Report. All students with Status Code (2) marked on the Nominal Roll Student Census are to be included on this table, together with the details of their situation. The information provided in this exercise will not eliminate a student from funding on the basis of status during the interim authority.
- ? **New Teacher and Curriculum Information Form:** The ability to hire and retain qualified teachers is critical for the success of First Nation schools and learners. INAC is working, in collaboration with First Nations, to provide the opportunity for band-operated schools to offer salaries that are competitive with those offered by provincial schools. INAC has received funding totaling \$15 million in the 2004/2005 fiscal year for salary increments for teachers and para-professionals in band-operated schools. To substantiate a request for additional monies, the new Teacher and Curriculum Information Form collects data that will be used, at an aggregate level, to compare the salaries of teachers in First Nations and provincial schools, within the same geographic area. The collection of new information will also respond to the recommendations of the recent Audit of Teacher Certification. Information regarding gender and Aboriginal identity will also be collected, on a voluntary basis, to inform future policy work for INAC's education programs, especially in relation to teacher training and professional development. Through our joint efforts we will work toward increasing the capacity of First Nation schools to recruit and retain well qualified teachers which, in turn, will help us meet our shared goal to provide a high quality education for First Nation learners.

### TAB C1 - ELEMENTARY/SECONDARY EDUCATION (continued)

- ? **Two new reports** will be developed jointly by the Assembly of First Nations and INAC. The *Teacher Recruitment and Retention Final Activity Report*, and the *Parental and Community Engagement Strategy (PCES) Final Activity Report* will be finalized in January 2004 in time for insertion into regional versions of the 2004-2005 FNNRG. This will facilitate the allocation of 2004-2005 funds for these strategies.
- ? The new **Parental and Community Engagement Strategy** supports the integration of social and educational services to on-reserve children and their families. The objectives of the PCES is to support parents and caregivers in the role as their child's first and most influential teacher; support community involvement in education; encourage a home environment that supports children to succeed in school; facilitate family literacy, native language and culture; establish home/ school partnerships; prepare youth for academic and social success in school; support activities for the early detection of learning delays; and support activities that prepare parents for employment or continued education.
- ? **New Paths for Education** resources are used to improve the quality of education in First Nation schools and the academic achievement of First Nation students. INAC is working with the Chiefs' Committee on Education of the Assembly of First Nations to strengthen priorities and proposed activities for these resources in a national allocation methodology. In general, initiatives delivered by organizations are of two types. The school-based type provides programs and services that are part of day-to-day operations, including instructional services, teacher recruitment and retention, curriculum adaptation, technology acquisition and maintenance, aboriginal language and culture instruction and after-school programs. The second type of initiative provides programs and services to groups of schools and includes the establishment or maintenance of First Nation regional management organizations, development of progress measures, school improvement and administration. *Interim* and *Final Project Reports* are required to support performance measurement and program review.

### TAB C3 - SPECIAL EDUCATION

Funding for the Special Education Program is an investment in programs and services for First Nation children with identified special needs. Program funds have been targeted to improve the quality of education and level of support services for eligible students with special needs. National Special Education Program Guidelines, including reporting requirements, were developed jointly by the Assembly of First Nations Special Education Working Group and INAC as the operational terms and conditions to guide Regional Offices, First Nations, and First Nation Regional Management Organizations (FNRMO). In 2005 INAC will be returning to Cabinet to request increased funding to provide services to special needs children that are at least equivalent to that provided by provincial education authorities. *The First Nation School Annual Report on the Special Education Program (SEP)* has been included in the FNNRG 2004-2005 to support this request.

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

- ? The FNIYES has been renewed under an Umbrella Results-based Management and Accountability Framework (RMAF) across 14 federal department and agencies, supported by a INAC-specific RMAF. All FNIYES performance information is reported by INAC to HRDC to support horizontal reporting requirements and YES evaluations, in addition to meeting INAC-specific accountability requirements.
- ? Reporting requirements for each of the FNIYES programs have been enhanced to support ongoing performance measurement and program review. For each FNIYES program, both a *Final Activity Report* and an *Evaluation Report* is required. For the Youth Work Experience Program, A *Youth Needs Assessment Report* is also required to capture participant data. It is designed as an assessment tool to identify participant needs and the appropriate intervention. Parts A & B of this report must be completed upon intake / selection of the youth into the program, and Part C upon

termination of the program. All reports are to be submitted to INAC within 30 days of the due date, in order for the administering agency to qualify for funding in the following fiscal year.

#### TAB E - SOCIAL DEVELOPMENT

As requested by several operators of Family Violence Shelters, the following questions have been added to the form to reflect services currently provided by shelters:

- ? How many men were referred to other agencies?
- ? How many men received non-residential services provided by the shelters?
- ? Please list the number and types of programs being provided by the shelters (for example, anger management, couples management, counseling)

#### TAB F - INDIAN GOVERNMENT SUPPORT (IGS)

- ? **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 (BSF) in 2004-2005, annual updates to IGS data continue to be required to determine the way in which this additional funding may be provided. 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. Bands will require increased allocations to BSF due to the new Special Education Program. This would be included with Education under base services on the BSF Application for Grant. Also, under base services, Major Capital includes projects of more than 1.5M.
- ? **Applications for Band Support Funding (BSF) and Tribal Council Funding (TCF):** these applications have been removed from funding arrangements and, subsequently, the FNNRG, as BSF and TCF budgets are set at the very start of the arrangement, based upon receipt of acceptable applications. The structure of the funding agreements is such that they deal with the program delivery and reporting obligations (FNNRG) of First Nations and Tribal Councils once application requirements have been met and funding approved and transferred.
- ? **Band Advisory Services Annual Report:** For those large First Nations whose on-reserve status Indian populations are greater than 2,000, who are not affiliated with a tribal council and who are providing advisory services, a new report has been developed. The report standardizes existing reporting requirements with tribal council reporting requirements and will assist in ensuring that the overall results of expenditures of programs and services are clearly documented and reported. The report will also help First Nations assess their advisory services performance and compare their results with other First Nations and tribal councils.

#### TAB G2 - COMMUNITY CAPITAL FACILITIES DELIVERY

**Certification of Completion for Capital Projects - Provisional and Final:** This form has been modified to reflect Capital Project management practices. When a facility has been completed to the stage where it is safely being used for the intended purpose, but still has outstanding work, a *Substantial Completion Certificate* or a *Certificate of Occupancy* can be issued by the consultant and attached to the *Provisional Certificate of Completion*. This is with the condition that the outstanding work are completed within a reasonable time taking into account weather conditions, availability of material and parts etc. A portion of project funding would be held back until 100% completion. In addition, at this stage, only partial O&M funding would be provided. In capital projects, there is usually a hold back amount of money imposed, sometimes known as a deficiency holdback, which is retained until the deficiencies have been rectified. For new facilities, there is also a warranty period that, depending on the circumstances, could commence once the substantial or construction completion certificate has been

issued. Upon the expiration of the warranty period, a final inspection is carried out and if all deficiencies have been rectified, the *Final Certificate of Completion* is issued. At this point, the project is fully turned over to the owner and the warranty of performance bond with the contractor is cancelled. Upon receipt of the *Final Certificate of Completion*, the asset enters full O&M phase.

#### TAB H - ECONOMIC DEVELOPMENT

- ? For Major Business Projects Program, Resource Partnerships Program and Regional Partnerships Fund, the requirement for long term impact reports several years after project completion has been dropped as of 2004-2005. This information will be gathered through project reviews. However, these reports will continue to be required for projects approved in previous years.
- ? Forms have been streamlined to ensure they are consistent with other forms in the FNNRG and to facilitate data quality and completeness.
- ? For the Opportunity Fund, Resource Acquisition Initiative and Major Business Projects Program, each business is to complete a *Business Report*. Where required in a funding agreement, Community Economic Development Organizations are to complete a *Project Status Report*, which either includes the *Business Report* or describes the efforts to obtain the report and the reason(s) why the business has not provided the report, for each business receiving funding.
- ? For the Resource Partnership Program, Resource Access Negotiations, Regional Partnerships Fund, the reporting due date is 120 days after fiscal year-end to conform to audit report due dates and to ensure maximum flexibility to client groups to provide their reports.
- ? For Regional Partnerships Fund, the requirement to report on project benefits has been eliminated, as it is unrealistic to expect economic benefits immediately following the completion of infrastructure projects. Information on project benefits will be captured by project reviews.

#### TAB J - NON-REGISTERED ON-RESERVE POPULATION (NRORPs)

NRORPs has been placed at the end of the FNNRG because reporting of the non-registered population living in First Nation communities is voluntary, and is not included in funding agreements. NRORP reporting, however, helps First Nations and INAC develop a better understanding of population dynamics and potential future needs. First Nations may submit/update their data through the NRORP web site which is accessed from INAC's Electronic Service Delivery page at:

[http://pse-esd.ainc-inac.gc.ca/esd-pse/index\\_all\\_e.asp](http://pse-esd.ainc-inac.gc.ca/esd-pse/index_all_e.asp) Contact your regional office more information.

# VOLUME I - FORMS

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**PURPOSE OF THE FIRST NATIONS NATIONAL REPORTING GUIDE**

The national version of the FNNRG is a generic reference manual for INAC's national program reporting requirements. INAC regional offices will provide region-specific versions of FNNRGs to First Nations to assist them in complying with their funding agreements . These include Comprehensive Funding Arrangements (CFA), Alternative Funding Arrangements (AFA), Financial Transfer Agreements (FTA), Canada/First Nations Funding Agreements (CFNFA), and INAC/ 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 K - Annual Return Management Report.

Throughout this publication the terms "Indian" and "band" (as defined in the *Indian Act*) are used interchangeably with the term "First Nation." The term "region" refers to INAC regional offices (listed on page 8).

**HOW TO USE THIS GUIDE**

**Volume I: Forms** contains all reporting forms and instructions  
**Volume II: Reference** contains program overviews, key terms, reporting requirement summaries, and data element definitions. Data element definitions provide descriptions of what should be included in 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 INAC and should know why each data element is needed. Using the data element "graduation" in post-secondary education as an example, the definition 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 listed. This clarifies what documents to use to provide data and helps ensure that data is provided from a consistent source.

Please contact your INAC regional office (page 8) if you have any questions. Information is also available on INAC's Internet Home Page at: <http://www.inac.gc.ca>.

**WHY IS REPORTING NECESSARY?**

The collection of timely and complete program data is essential for INAC and for First Nations 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, INAC's rationale for program reporting is increasingly becoming a First Nation's rationale.

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## INTRODUCTION

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For INAC, the information received from First Nations is equally important 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.

INAC collects program data to support statutory requirements, resource allocation and performance reporting, accountability, program planning/policy analysis, and operational requirements.

### **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. INAC 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 INAC'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 INAC's budget and current level of resources. INAC 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. INAC'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, INAC 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 INAC 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.

It is important that both First Nations and INAC 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.



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- < 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 INAC 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 INAC 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 INAC, 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, INAC 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 INAC, 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.

Generic funding agreements contain terms and conditions to manage funding that is transferred in one of 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 INAC regional office on page 8.

The **Comprehensive Funding Arrangement (CFA)** is a program-budgeted funding agreement that INAC 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

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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/compfn\\_e.html](http://www.ainc-inac.gc.ca/pr/pub/compfn_e.html)

**Alternative Funding Arrangements (AFA)** 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)** 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.

The **INAC/First Nations Funding Agreement (DNFA)** is a block-budgeted funding agreement that INAC enters into with First Nations and Tribal Councils for a five year duration. The DNFA 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)

The **Canada/First Nations Funding Agreement (CNFA)** is a block-budgeted funding agreement that INAC and other federal government departments enter into with First Nations and Tribal Councils for a five year duration. The CNFA 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 CNFA 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 2004-2005**

| <b>T<br/>A<br/>B</b>                       | <b>C<br/>F<br/>A</b> | <b>A<br/>F<br/>A</b> | <small>FTA<br/>CFNEA<br/>DFNFA</small> | <b>Database / Program Reports<br/>(Summary)</b>  | <b>First Nations<br/>Collection Period /<br/>Census Date</b>                  | <b>DUE DATES<br/>First Nations to<br/>Regions</b> |
|--|----------------------|----------------------|--|--|---|---|
| <b>B LANDS AND TRUST SERVICES</b>          |                      |                      |  |  |   |   |
| <b>Land Management and Transfers</b>       |                      |                      |  |  |   |   |
| #  | #                    | #                    |  | Quarterly Report on Rentals and Receivables<br><small>TPMS RR CODE: 0004</small>   | <b>annually or twice<br/>yearly</b>   | <b>Contact Region</b>                             |
|  |                      |                      |  | Summary Report of Land Management Transactions<br><small>TPMS RR CODE: 0003</small>  | <b>Project-by-project</b>   |   |
| <b>Indian Registration</b>                 |                      |                      |  |  |   |   |
| #  | #                    | #                    |  | Indian Registry Data Entry<br><small>TPMS RR CODE: 0008</small>  | <b>Monthly</b>  | <b>Contact Region</b>                             |
|  |                      |                      |  | Indian Register Events Reports Summary<br><small>TPMS RR CODE: 0007</small>  |   |   |
|  |                      |                      |  | Certificate of Indian Status Register<br><small>TPMS RR CODE: 0012</small>   |   |   |
| <b>Band Governance</b>                     |                      |                      |  |  |   |   |
| #  | #                    | #                    |  | Electoral Officer's Report (for elections held under Section 74 of the<br><i>Indian Act</i> )<br><small>TPMS RR CODE: 0009</small>   | <b>Two weeks<br/>following every<br/>general election<br/>and by-election</b> | <b>Contact Region</b>                             |
|  |                      |                      |  | Custom Election Report (for elections held under a band's own custom<br>election code)<br><small>TPMS RR CODE: 0010</small>  |   |   |
| <b>C EDUCATION</b>                         |                      |                      |  |  |   |   |
| <b>C1 - ELEMENTARY/SECONDARY EDUCATION</b> |                      |                      |  |  |   |   |
| #  | #                    | #                    |  | Nominal Roll Student Census Report<br><small>TPMS RR CODE: 0022</small>  | <b>September 30</b>   | <b>October 15</b>                                 |
| #  | #                    | #                    |  | Annual Teacher and Curriculum Information Form<br><small>TPMS RR CODE: 0028</small>  | <b>Annually beginning<br/>school year</b>                                     | <b>October 15</b>                                 |
| #  |                      |                      |  | Provincial/Territorial Educational Services Report<br><small>TPMS RR CODE: 0024</small>  | <b>Annually</b>   | <b>Set by Region</b>                              |
| #  | #                    | #                    |  | School Program Evaluation Report<br><small>TPMS RR CODE: 0021</small>  | <b>Once every 5 years</b>   | <b>Set by Region</b>                              |
| #  | #                    | #                    |  | New Path for Education - Final Project Report (only where applicable)<br><small>TPMS RR CODE: 0022</small>   | <b>Annually</b>   | <b>June 30</b>                                    |
| #  | #                    | #                    |  | Parental and Community Engagement Strategy - Final Activity Report<br><small>TPMS RR CODE: 0020</small>  | <b>Annually</b>   | <b>May 15</b>                                     |
| #  | #                    | #                    |  | Teacher Recruitment and Retention Final Activity Report<br><small>TPMS RR CODE: 0018</small>   | <b>Annually</b>   | <b>May 15</b>                                     |
| <b>C2 - POST-SECONDARY EDUCATION (PSE)</b> |                      |                      |  |  |   |   |
| #  | #                    | #                    |  | Register of PSE Students<br><small>TPMS RR CODE: 0030</small>  | <b>November 1</b>   | <b>December 31</b>                                |
|  |                      |                      |  | Register of PSE <i>Graduates</i> /Summary Total of PSE Funded <i>Students</i><br><small>TPMS RR CODE: 0031</small>   | <b>Annually</b>   | <b>December 31</b>                                |
|  |                      |                      |  | Indian Studies Support Program (ISSP)<br><small>TPMS RR CODE: 0033</small>   | <b>Annually</b>   | <b>Set by Region</b>                              |
| <b>C3 - SPECIAL EDUCATION</b>              |                      |                      |  |  |   |   |
| #  | #*                   | #*                   |  | First Nation School Annual Report on the Special Education Program (SEP)<br><small>TPMS RR CODE: 0027</small><br>(*funding can only be transferred via an accountable contribution; for multi-year funding agreements, funding must be removed from block/core budgets and funded as targeted/non-core funding, upon renewal of the multi-year agreement. Where the recipient (i.e. First Nation) delegates authority or transfers program funding to an entity authorized to act on behalf of the recipient, the recipient shall remain liable to the Minister for the performance of its obligations under the funding agreement. Neither the objectives of the programs, nor the expectations of transparent, fair and equitable service shall be compromised by such delegation or transfer of funds.) | <b>May 1</b>  | <b>May 15</b>                                     |
| <b>C4 - CULTURAL EDUCATION</b>             |                      |                      |  |  |   |   |
| #  | #                    | #                    |  | Cultural Education Annual Activity Report<br><small>TPMS RR CODE: 0025</small>   | <b>Annually</b>   | <b>Set by Region</b>                              |

FIRST NATIONS DATA REPORTING SCHEDULE 2004-2005

| T<br>A<br>B  | C<br>F<br>A | A<br>F<br>A | FTA<br>CFNA<br>DFNA | Database / Program Reports<br>(Summary)  | First Nations<br>Collection Period /<br>Census Date | DUE DATES<br>First Nations to<br>Regions |
|--|-------------|-------------|---------------------|--|---|--|
| <b>D FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY</b>                     |             |             |                     |  |   |  |
| <b>First Nations and Inuit Career Promotion and Awareness Program</b>          |             |             |                     |  |   |  |
| #  | #           | #           |                     | <b>Career Promotion and Awareness Activities</b><br>Final Activity Report & Evaluation Report<br>TPMS RR CODES: 170 & 171                                | March 31  | Contact Region                           |
|  |             |             |                     | <b>Co-operative Education</b> Final Activity Report & Evaluation Report<br>TPMS RR CODES: 172 & 173  |   |  |
| <b>First Nations and Inuit Science and Technology Program</b>                  |             |             |                     |  |   |  |
| #  | #           | #           |                     | Final Activity Report & Evaluation Report<br>TPMS RR CODES: 174 & 175  | March 31  | Contact Region                           |
| <b>First Nations and Inuit Student Summer Employment Opportunities Program</b> |             |             |                     |  |   |  |
| #  | #           | #           |                     | Final Activity Report & Evaluation Report<br>TPMS RR CODES: 176 & 177  | September 15  | Contact Region                           |
| <b>First Nations and Inuit Student Youth Work Experience Program</b>           |             |             |                     |  |   |  |
| #  | #           | #           |                     | Final Activity Report & Evaluation Report<br>TPMS RR CODES: 178 & 179  | March 31  | Contact Region                           |
|  |             |             |                     | Youth Needs Assessment<br>TPMS RR CODE: 180  |   |  |
| <b>E SOCIAL DEVELOPMENT</b>  |             |             |                     |  |   |  |
| <b>E1 - 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>E2 - National Child Benefit</b>   |             |             |                     |  |   |  |
| #  | #           | #           |                     | National Child Benefit (NCB) First Nations Annual Report on Reinvestment<br>TPMS RR CODE: 0059   | Annually (previous<br>fiscal year)                  | Contact Region                           |
| <b>E3 - Social Support Services</b>  |             |             |                     |  |   |  |
| #  |             |             |                     | Child and Family Services Maintenance Monthly Report<br>TPMS RR CODE: 0045   | Monthly   | 15 days after<br>months end              |
| #  |             |             |                     | Child and Family Services Operational Report<br>TPMS RR CODE: 0047   | Annually or twice<br>yearly                         | Contact Region                           |
|  |             | #*          |                     | Child and Family Services Maintenance Monthly Report (*applies only to<br>approved CFS block funding pilot projects)<br>TPMS RR CODE: 0043               | Monthly   | 15 days after<br>months end              |
|  |             | #*          |                     | Child and Family Services Operational Report (*applies only to approved CFS<br>block funding pilot projects)<br>TPMS RR CODE: 0044                       | Annually or<br>twice yearly                         | Contact Region                           |
| #  |             |             |                     | Adult Services Monthly Report<br>TPMS RR CODE: 0050  | Monthly   | 15 days after<br>months end              |
|  | #           | #           |                     | Adult Services Annual Report<br>TPMS RR CODE: 0052   | Annually (previous<br>fiscal year)                  | May 31                                   |
| #  | #           | #           |                     | National Strategy for Integration of Persons with Disabilities Annual Report<br>TPMS RR CODE: 0051   |   |  |
| #  | #           | #           |                     | Family Violence <i>Projects</i> Annual Report<br>TPMS RR CODE: 0048  |   |  |
| #  | #           | #           |                     | Family Violence <i>Shelters</i> Annual Report<br>TPMS RR CODE: 0053  |   |  |
| #*   | #           | #           |                     | Day Care Facilities/ Head Start Program Annual Report (*applies to CFA First<br>Nations in <b>Ontario</b> and <b>Alberta</b> only)<br>TPMS RR CODE: 0046 |   |  |
| #*   | #           | #           |                     | Community Social Services Projects Annual Report (*applies to CFA First<br>Nations in <b>Ontario</b> and <b>Alberta</b> only)<br>TPMS RR CODE: 0055      |   |  |
| <b>F INDIAN GOVERNMENT SUPPORT</b>   |             |             |                     |  |   |  |
| #  | #           | #           |                     | <b>Tribal Council Program</b> Annual Report<br>TPMS RR CODE: 0064  | Annually  | Contact Region                           |
|  |             |             |                     | Eligible Unaffiliated Large Band Advisory Services Annual Report<br>TPMS RR CODE: 0061   |   |  |
| <b>Indian/Inuit Management Development (IIMD)</b>                              |             |             |                     |  |   |  |
| #  | #           | #           |                     | Program Proposal<br>TPMS RR CODE: 0070   | Project-by-project                                  | Contact Region                           |
| <b>Band Employee Benefits Program</b>  |             |             |                     |  |   |  |
| #  |             |             |                     | Application for Band Employee Benefits Funding<br>TPMS RR CODE: 0065   | Annually  | May 31                                   |
| #  |             |             |                     | List of Eligible Employees<br>TPMS RR CODE: 0066   |   |  |
| #  | #           | #           |                     | Pension Plan Funding Annual Report<br>TPMS RR CODE: 0068   |   |  |

FIRST NATIONS DATA REPORTING SCHEDULE 2004-2005

| T<br>A<br>B   | C<br>F<br>A | A<br>F<br>A | 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 CAPITAL</b>  |             |             |                       |   |   |  |
| <b>G1 - Operation and Maintenance of Infrastructure - Assets and Facilities</b> |             |             |                       |   |   |  |
| #   | #           | #           |                       | <b>Fire Protection Services Summary Report</b> TPMS RR CODE: 0101   | Annually (previous<br>calendar year)                | March 31   |
|   |             |             |                       | <b>Fire Losses Annual Report</b> TPMS RR CODE: 0102   |   |  |
|   |             |             |                       | <b>Housing and Infrastructure Assets Annual Report</b> TPMS RR CODE: 0108   | Annually (previous<br>fiscal year)                  |  |
|   |             |             |                       | <b>Schools Annual Report</b> TPMS RR CODE: 0111   |   |  |
| <b>Capital Assets</b>   |             |             |                       |   |   |  |
| #   | #           | #           |                       | <b>Changes in Capital Assets Annual Report</b> TPMS RR CODE: 0103   | Annually (previous<br>fiscal year)                  | March 31   |
| #   | #           | #           |                       | <b>Completed ACRS Project Annual Report</b> TPMS RR CODE: 0104  |   |  |
| #   | #           | #*          |                       | <b>Asset Operation and Maintenance (O&amp;M) Review Annual Report (*applies only in cases where O&amp;M is not included in block funding)</b> TPMS RR CODE: 0112  |   |  |
| #   | #           | #*          |                       | <b>Maintenance Management Plan Annual Report (*applies only in cases where O&amp;M is not included in block funding)</b> TPMS RR CODE: 0105   |   |  |
| <b>G2 - Community Capital Facilities Service Delivery (Including Housing)</b>   |             |             |                       |   |   |  |
| #   | #           | #           |                       | <b>Community-Based Housing Plan Annual Report</b> TPMS RR CODE: 0123  | Annually (previous<br>calendar year)                | March 31   |
| <b>Capital Projects:</b>  |             |             |                       |   |   |  |
| #   | #           | #           |                       | <b>Progress Report on Capital Projects</b> TPMS RR CODE: 0120   | Monthly   | Set by Funding<br>Agreement  |
|   |             |             |                       | <b>Certificate of Completion for Capital Projects (Provisional and Final)</b> TPMS RR CODE: 0121  | Project-by-project                                  | 90 days after<br>completion  |
|   |             |             |                       | <b>Five Year Capital Plan Annual Update</b> TPMS RR CODE: 0122  | Annually (previous<br>calendar year)                | March 31   |
| <b>H ECONOMIC DEVELOPMENT</b>   |             |             |                       |   |   |  |
| #   | #           | #           |                       | <b>Community Economic Development Program (CEDP) Economic Development Report</b> TPMS RR CODE: 0131   | Annually (previous<br>fiscal year)                  | June 30  |
| #*  | #*          | #*          |                       | Economic Development Log - Part I & II (*These log forms <u>are not</u> required for submission. They are meant to assist First Nations, Inuit and Innu complete the Economic Development Report.)  |   |  |
| #   | #           | #           |                       | <b>Opportunity Fund Project Status Report</b> TPMS RR CODE: 0132  | Project-by-project                                  | 4 months after the<br>first business year-<br>end that includes<br>completion of<br>project work plan. |
|   |             |             |                       | <b>Resource Acquisition Initiative Project Status Report</b> TPMS RR CODE: 0134   |   |  |
|   |             |             |                       | <b>Major Business Projects Project Status Report</b> TPMS RR CODE: 0133   |   |  |
|   |             |             |                       | <b>Resource Partnerships Program Project Status Report</b> TPMS RR CODE: 0135   | Project-by-project                                  | 120 days after end<br>of any fiscal year<br>during which funds<br>have been<br>provided.               |
|   |             |             |                       | <b>Regional Partnership Fund Project Status Report</b> TPMS RR CODE: 0137   |   |  |
|   |             |             |                       | <b>Resource Access Negotiations (RAN) Program End of Project Report Form (project results)</b> TPMS RR CODE: 0136   | Annually (previous<br>fiscal year)                  |  |
| <b>I OTHER PROGRAM REPORTING</b>  |             |             |                       |   |   |  |
|   |             | #           |                       | <b>Policing (Solicitor General)</b> TPMS RR CODE: 0141  | Contact Region                                      |  |
|   |             |             |                       | <b>Health Services Reporting and Auditing Guidelines (Health Canada)</b> TPMS RR CODE: 0145   |   |  |
| <b>J NON-REGISTERED ON RESERVE POPULATION (NRORP)</b>                           |             |             |                       |   |   |  |
| *   |             |             |                       | <b>Band Population Report (to verify and update individuals) Collection Form (to add individuals) Certificate Form</b> TPMS RR CODE: 0150<br>TPMS RR CODE: 0151<br>TPMS RR CODE: 0152   | December 31   | Feb 15   |
|   |             |             |                       | (*reporting of the non-registered population living on-reserve through the NRORP section of the FNNRG is voluntary. However it will help First Nations and INAC develop a better understanding of on-reserve population dynamics and potential future needs.) |   |  |
| <b>K</b>  | #           | #           |                       | <b>ANNUAL RETURN MANAGEMENT REPORT</b> TPMS RR CODE: 0154   | Contact Region                                      |  |

## INTRODUCTION

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### LIST OF INAC REGIONAL OFFICES

|  |   |
|--|---|
| <p><b>ALBERTA REGION</b><br/>Indian and Northern Affairs Canada<br/>630 Canada Place, 9700 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, 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, 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 200, 365 Hargrave Street<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, 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, 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/>Room 200, 1 First Nations Way<br/>REGINA, SK S4S 7K5<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\*

# LANDS AND TRUST SERVICES

## LAND MANAGEMENT AND TRANSFERS

|  |   |
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## INDIAN REGISTRATION

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| Certificate of Indian Status Register .....  | 8 |

## BAND GOVERNANCE

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|---|----|
| Electoral Officer's Report<br>(Elections Results for elections held under Section 74 of the <i>Indian Act</i> ) ..... | 10 |
| Custom Election Code Report<br>(Election Results for elections held under a band's own custom election code) .....    | 16 |

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 B.

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

## LANDS AND TRUST SERVICES

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### LAND MANAGEMENT AND TRANSFERS QUARTERLY REPORT ON RENTALS AND RECEIVABLES

**DUE DATE:** date and intervals set by INAC regional office

#### INSTRUCTIONS

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

**QUARTERLY REPORT ON RENTALS AND RECEIVABLES**

\*Detailed listing. Contact INAC regional office.

TPMS RR CODE: 0004

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### LAND MANAGEMENT AND TRANSFERS SUMMARY REPORT OF LAND MANAGEMENT TRANSACTIONS

**DUE ON A PROJECT BY PROJECT BASIS:** date set by INAC 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.

**SUMMARY REPORT OF LAND MANAGEMENT TRANSACTIONS**

\*Summary report. Contact INAC regional office.

TPMS RR CODE: 0003



## LANDS AND TRUST SERVICES

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### INDIAN REGISTRATION INDIAN REGISTRY DATA ENTRY

**DUE DATE:** Report due monthly. Contact the regional INAC office for more information about reporting deadlines. Use one form for each event that needs to be entered on the Indian Registry. This form is 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 residence code, province, Indian Registry category and 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 change 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                                  |          | Alias (Optional) - Autre noms (Optionnel)                         |                                    |                      |                      |                                  |           |
|  |  |            | YYYY-AAAA MM DD-JJ   |          |   |                                    |                      |                      |                                  |           |
| <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                                  |          | Alias (Optional) - Autre noms (Optionnel)                         |                                    |                      |                      |                                  |           |
|  |  |            | YYYY-AAAA MM DD-JJ   |          |   |                                    |                      |                      |                                  |           |
| Registry no. - N° de registre  |  |            | Alias (Optional) - Autre noms (Optionnel)                          |          |   |                                    |                      |                      |                                  |           |
|  |  |            |  |          |   |                                    |                      |                      |                                  |           |
| ? If one parent is non-Indian, enter "Non Indian" and full name - if parent is not identified, enter "Not Stated"<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  |  | Sex - Sexe | Province   |          | Residence Code - Code de résidence                                |                                    | Category - Catégorie |                      | 6 ( ) ( )                        |           |
| YYYY-AAAA MM DD-JJ   |  | ? M ? F    |  |          |   |                                    |                      |                      |                                  |           |
| <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  |  | Sex - Sexe | Province   |          | Residence Code - Code de résidence                                |                                    | Category - Catégorie |                      | 6 ( ) ( )                        |           |
| YYYY-AAAA MM DD-JJ   |  | ? M ? F    |  |          |   |                                    |                      |                      |                                  |           |
| <b>E Birth - Naissance</b>   |  |            |  |          |   |                                    |                      |                      |                                  |           |
| ? Current year - Année courante Code "01"  |  |            |  |          | ? Prior to current year - Antérieure à l'année courante Code "02" |                                    |                      |                      |                                  |           |
| Please complete Section<br>Veuillez remplir la section<br><b>A C D</b>   |  |            | Sex - Sexe   | Province |   | Residence Code - Code de résidence |                      | Category - Catégorie |                                  | 6 ( ) ( ) |
|  |  |            | ? M ? F  |          |   |                                    |                      |                      |                                  |           |
| <b>F Miscellaneous additions - additions diverses</b>  |  |            |  |          |   |                                    |                      |                      |                                  |           |
| Please complete Section<br>Veuillez remplir la section<br><b>A C D E</b>   |  |            |  |          | ? "Martin" case - Cas "Martin"                                    |                                    |                      | ? Other - Autre      |                                  |           |
|  |  |            |  |          |   |                                    |                      |                      |                                  |           |
|  |  |            |  |          | ? 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<br><b>A</b> |          |   |                                    | ? Birth - Naissance  |                      | Event Date - Date de l'événement |           |
|  |  |            |  |          |   |                                    | ? Marriage - Mariage |                      | YYYY-AAAA MM DD-JJ               |           |
|  |  |            |  |          |   |                                    |                      |                      |                                  |           |

|   |  |   |  |  |  |  |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|---|--|--|--|--|--|
| <b>H Marriage - Mariage</b>   |  |   |  |  |  |  |  |   |  |  |  |  |  |
| ? Two Indians<br>Deux indiens   |  | Code "12"                                 |  | Husband<br>Époux   |  |  |  | Please complete Section<br>Veillez remplir la section <b>A</b>                              |  | Marriage Date - Date de mariage<br>YYYY-AAAA MM DD-JJ          |  |  |  |
| ? 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> |  |   |  |  |  |  |  |
| ? Indian married to non-Indian female<br>(Acquired status)<br>Indien marié à un non-indienne (Status acquis)      |  | Code "13"                                 |  | ? Both names<br>Les deux noms  |  | ? Retains maiden name<br>Garde nom de naissance                |  | ? Husband's name<br>Le nom de l'époux   |  |  |  |  |  |
| ? 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 |  |  |  | Province code - Code de la province   |  | Residence code - code de résidence                             |  |  |  |
| <b>Divorce</b>  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| ? Two Indians<br>Deux indiens   |  | Code "33"                                 |  | Husband<br>Époux   |  |  |  | Please complete Section<br>Veillez remplir la section <b>A</b>                              |  | New Registry No.-Nouveau n° de registre                        |  | Event Date - Date de l'évènement<br>YYYY-AAAA MM DD-JJ |  |
| ? 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> |  |   |  |  |  |  |  |
| ? Indian married to non-Indian female<br>(No status gained)<br>Indien marié à un non-indienne (Status non-acquis) |  | Code "19"                                 |  | ? Reverted to maiden name<br>Reprend son nom de naissance                              |  |  |  | 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)  |  | ? ? Mother<br>Mère                        |  | ? ? Father<br>Père   |  | Child<br>Enfant  |  |   |  | Please complete Section<br>Veillez remplir la section <b>A</b> |  | Divorce Date - Date de divorce<br>YYYY-AAAA MM DD-JJ   |  |
| Custody awarded to<br>Garde accordée à la (au)  |  | ? ? Mother<br>Mère                        |  | ? ? Father<br>Père   |  |  |  |   |  |  |  |  |  |
| Resides with<br>Réside avec la (le)   |  | ? ? Mother<br>Mère                        |  | ? ? Father<br>Père   |  |  |  |   |  |  |  |  |  |
| <b>K Confirmed Death</b>  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| ? 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)   |  | Date of death - Date de décès<br>YYYY-AAAA MM DD-JJ            |  |  |  |
| ? 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) |  |  |  |  |  |
| <b>L Member - Membre</b>  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| ? 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<br>YYYY-AAAA MM DD-JJ                                     |  |  |  |

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

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

TPMS RR CODE: 0008

## **LANDS AND TRUST SERVICES**

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

**DUE DATE:** Report due monthly. Contact the regional INAC 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 de l'administrateur du Registre des Indiens | Date<br>Y/A                      M/M                      DD-JJ<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

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### INDIAN REGISTRATION CERTIFICATE OF INDIAN STATUS REGISTER

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

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

### INSTRUCTIONS

Complete the Certificate of Indian Status Register by entering:

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

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

The Indian Registry Administrator must keep the Certificate of Indian Status Register up-to-date:

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



## LANDS AND TRUST SERVICES

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### BAND GOVERNANCE

#### ELECTORAL OFFICER'S REPORT

##### Election Results for Elections held under Section 74 of the *Indian Act*

**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. Name of First Nation : \_\_\_\_\_
2. Band Number: \_\_\_\_\_
3. Date of Election: \_\_\_\_\_
4. District/Region: \_\_\_\_\_
5. Type of election (General or By-election): \_\_\_\_\_
6. Date of last general election (month/year): \_\_\_\_\_
7. Total number of band members: \_\_\_\_\_
8. Total number of electors (a) On-reserve: \_\_\_\_\_ (b) Off-reserve: \_\_\_\_\_
9. The band council is composed of one chief and \_\_\_\_\_ (#) councillors.
10. The *Notice of Nomination Meeting* was:
  - a) Posted on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at the following locations:  
\_\_\_\_\_
  - b) Mailed to \_\_\_\_\_ (#) off-reserve electors during the period from the \_\_\_\_\_ day of \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.
11. The nomination meeting was held on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_ .  
(Location)
12. The *Polling Notice* was posted on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at the following locations:  
\_\_\_\_\_
13. (a) Total number of mail-in ballot packages sent to off-reserve electors: \_\_\_\_\_  
(b) Total number of mail-in ballot packages sent to electors residing on the reserve: \_\_\_\_\_
14. The poll was held on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at the following locations:  
\_\_\_\_\_

15. Mail-in Ballots

|    |   | For Chief | For Councillor |
|----|---|-----------|----------------|
| A) | Total number of mail-in ballot packages sent (includes second or third packages sent to the same elector as well as those sent by DEOs) |           |                |
| B) | Total number of mail-in packages returned as undeliverable  |           |                |
| C) | Total number of mail-in ballots returned by the elector who voted in person at the polling station                                      |           |                |
| D) | Total number of mail-in ballots rejected before being placed in the ballot box (during the opening of the envelopes)                    |           |                |
| E) | Total number of mail-in ballots deposited in the ballot box   |           |                |
| F) | Mail-in ballot discrepancy<br>(A – B – C – D – E)   |           |                |

16. Ballot Reconciliation

|    |   | For Chief | For Councillor |
|----|---|-----------|----------------|
| A) | Number of valid ballots cast  |           |                |
| B) | Number of ballots cast and rejected   |           |                |
| C) | Number of mail-in ballots rejected before being placed in the ballot box (same as 15 D) |           |                |
| D) | Number of ballots spoiled<br>(never placed in the ballot box)                           |           |                |
| E) | Number of unused ballots  |           |                |
| F) | Total of A through E  |           |                |
| G) | Total provided at 15 F<br>(Mail-in ballot discrepancy)                                  |           |                |
| H) | Total number of ballots<br>(F + G)  |           |                |
| I) | Total number of ballots printed<br><b>(Should equal totals at H above)</b>              |           |                |

17. Please complete all three columns below:

| <b>Name of Candidate<br/>for Chief</b> | <b>Mailing Address</b> | <b>Total Votes<br/>Received</b> |
|--|------------------------|---------------------------------|
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |
|  |                        |                                 |

18. Number of rejected ballots for chief: \_\_\_\_\_



21. 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: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

22. The term of office commences on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

23. Additional Comments:

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

24. Declaration

I, \_\_\_\_\_, appointed to the position of Electoral Officer on the \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 20 \_\_\_\_, for the \_\_\_\_\_ First Nation, declare that the  
polling place(s) was kept open between the hours of 9:00 a.m. and 8:00 p.m. (local time), and 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*. I further declare that a copy of the *Statement of the  
Votes* will be posted at each place where the *Polling Notice* was posted and will be mailed to the last  
known address of off-reserve electors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Date

TPMS RR CODE: 0009

## **LANDS AND TRUST SERVICES**

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### **BAND GOVERNANCE**

#### **CUSTOM ELECTION REPORT**

##### **Election Results for Elections held under a Band's own Custom Election Code**

**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\_\_

TPMS RR CODE: 0010

# EDUCATION

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

|   |                  |
|---|------------------|
| <b>ELEMENTARY/SECONDARY EDUCATION</b> ..... | <b>section 1</b> |
| <b>POST-SECONDARY EDUCATION</b> .....       | <b>section 2</b> |
| <b>SPECIAL EDUCATION</b> .....              | <b>section 3</b> |
| <b>CULTURAL EDUCATION</b> .....             | <b>section 4</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 C. Additional information can be obtained from your INAC regional office. (Tab A of this volume)



## ELEMENTARY/SECONDARY EDUCATION

### < **Changes to the Nominal Roll Student Census**

- **Special Education:** In order to qualify to funding, students receiving Special Education services must be identified on the Nominal Roll Student Census. Each student record must have either (1) *high cost special education services provided* or (4) *no high cost special education services provided* marked under the Special Education column of the Nominal Roll Student Census.
- **Status Code (2) Other:** INAC has interim authority to provide funding for all elementary/secondary students who are ordinarily resident on reserve. However, this interim authority expires March 31, 2005 and INAC must seek a new authority prior to this date. In order to support the authority to fund all students ordinarily resident on-reserve, it is essential to gain a clear understanding of the circumstances of all students currently being funded. Additional information on non-registered students will be collected on a table located on the back of the Nominal Roll Student Census Report. All students with Status Code (2) marked on the Nominal Roll Student Census are to be included on this table, together with the details of their situation. The information provided in this exercise will not eliminate a student from funding on the basis of status during the interim authority.

### < **New Teacher and Curriculum Information Form:** The ability to hire and retain qualified teachers is critical for the success of First Nation schools and learners. INAC is working, in collaboration with First Nations, to provide the opportunity for band-operated schools to offer salaries that are competitive with those offered by provincial schools. INAC has received funding totalling \$15 million in the 2004/2005 fiscal year for salary increments for teachers and para-professionals in band-operated schools. To substantiate a request for additional monies, the new Teacher and Curriculum Information Form collects data that will be used, at an aggregate level, to compare the salaries of teachers in First Nations and provincial schools, within the same geographic area. The collection of new information will also respond to the recommendations of the recent Audit of Teacher Certification. Information regarding gender and Aboriginal identity will also be collected, on a voluntary basis, to inform future policy work for INAC's education programs, especially in relation to teacher training and professional development. Through our joint efforts we will work toward increasing the capacity of First Nation schools to recruit and retain well qualified teachers which, in turn, will help us meet our shared goal to provide a high quality education for First Nation learners.

### < **Two new reports** will be developed jointly by the Assembly of First Nations and INAC. The *Teacher Recruitment and Retention Final Activity Report*, and the *Parental and Community Engagement Strategy (PCES) Final Activity Report* will be finalized in January 2004 in time for insertion into regional versions of the 2004-2005 FNNRG. This will facilitate the allocation of 2004-2005 funds for these strategies.

### < The new **Parental and Community Engagement Strategy** supports the integration of social and educational services to on-reserve children and their families. The objectives of the PCES is to support parents and caregivers in the role as their child's first and most influential teacher; support community involvement in education; encourage a home environment that supports children to succeed in school; facilitate family literacy, native language and culture; establish home/ school partnerships; prepare youth for academic and social success in school; support activities for the early detection of learning delays; and support activities that prepare parents for employment or continued education.

### < **New Paths for Education** resources are used to improve the quality of education in First Nation schools and the academic achievement of First Nation students. INAC is working with the Chiefs' Committee on Education (CCOE) of the Assembly of First Nations (AFN) to strengthen priorities and proposed activities for these resources in a national allocation methodology. In general, initiatives delivered by organizations are of two types. The school-based type provides programs and services that are part of day-to-day operations, including instructional services, teacher recruitment and retention, curriculum adaptation, technology acquisition and maintenance, aboriginal language and culture instruction and after-school programs. The second type of initiative provides programs and services to groups of schools and includes the establishment or maintenance of First Nation regional management organizations, development of progress measures, school improvement and administration. *Interim* and *Final Project Reports* are required to support performance measurement and program review.

## **ELEMENTARY/SECONDARY EDUCATION**

|  |    |
|--|----|
| <b>Nominal Roll Census Instructions / Table for students with Status Code (2) marked</b> ..... | 3  |
| <b>Nominal Roll Student Census</b> .....   | 4  |
| <b>Teacher and Curriculum Information Form</b> .....   | 5  |
| <b>Provincial-Territorial Educational Services Report</b> .....                                | 9  |
| <b>School Program Evaluation Report</b> .....  | 9  |
| <b>New Paths for Education - Final Project Report</b> .....                                    | 10 |
| <b>Teacher Recruitment and Retention Final Activity Report</b> .....                           | 12 |
| <b>Parental and Community Engagement Strategy Final Activity Report</b> .....                  | 15 |

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 C1. Additional information can be obtained at your local INAC regional office (Tab A of this volume).



See Reverse for codes and notes  
Complete using black Ink

# NOMINAL ROLL STUDENT CENSUS

|                |                   |                     |
|----------------|-------------------|---------------------|
| Page           | of                | No. of transactions |
| School Name    | School Identifier | School Board        |
| School Address | Postal Code       | School Number       |
|                |                   | School Type*        |
|                |                   | *School Type        |
|                |                   | Federal             |
|                |                   | Provincial          |
|                |                   | Private             |
|                |                   | Band-operated       |

| line no. | Indian Registry no. |          |            |                | Surname | Given Name | Initial | Date of Birth |    |    | Status Code | Sex | Grade | Residence | Accommodation | District of financial responsibility | Transportation: Regular | Transportation: Other | Special Education | Language(s) spoken on school entry | Language(s) of instruction | Extent of Indian Language instruction | % of Indian instruction | Band of financial responsibility | Band of residence | Reserve of Residence |  |
|----------|---------------------|----------|------------|----------------|---------|------------|---------|---------------|----|----|-------------|-----|-------|-----------|---------------|--------------------------------------|-------------------------|-----------------------|-------------------|------------------------------------|----------------------------|---------------------------------------|-------------------------|----------------------------------|-------------------|----------------------|--|
|          | Home district no.   | Band no. | Family no. | Child position |         |            |         | YY            | MM | DD |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 1        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 2        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 3        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 4        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 5        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 6        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 7        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 8        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 9        |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 10       |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 11       |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 12       |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |
| 13       |                     |          |            |                |         |            |         |               |    |    |             |     |       |           |               |                                      |                         |                       |                   |                                    |                            |                                       |                         |                                  |                   |                      |  |

For Students identified as Status Code (2), the table on the back of this form must be completed.

Identify as (1) funded for high cost special education or (4) not funded for high cost special education

|             |                  |              |                  |             |                  |
|-------------|------------------|--------------|------------------|-------------|------------------|
| Compiled by | Date<br>YY MM DD | Certified by | Date<br>YY MM DD | Inputted by | Date<br>YY MM DD |
|-------------|------------------|--------------|------------------|-------------|------------------|

TPMS RR CODE:0022

# ELEMENTARY-SECONDARY EDUCATION

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## ANNUAL TEACHER & CURRICULUM INFORMATION FORM

Two developments have led to a requirement for enhanced reporting on teacher information. Firstly, new funding was available starting 2003-2004 to assist INAC to close the salary gap between teachers on reserve and their provincial counterparts. Secondly, the recent "Audit of Teacher Certification" reported that insufficient information is collected on teachers employed by First Nation Schools. The new Annual Teacher & Curriculum Information form will enable INAC to both better understand the salary gap between FN schools and provincial schools, and to respond to the audit. Information on non-certified teaching staff is required for the same reasons. It is recognized that these teaching staff are likely qualified in the special subject area they teach (e.g. a native language speaker teaching a native language course, a certified mechanic teaching a mechanics course).

**DUE DATE:** The report is due annually on October 15.

### INSTRUCTIONS

- < Please list the name of the school and the identifier as per the Nominal Roll.
- < If more space is required, use more than one form and note the number of pages used and transactions (number of teachers) completed.

### Front of Form

**Please list all teachers that meet the Teacher Certification Criteria** (teachers who possess a provincial teacher's certification that is BOTH valid for the current school year and from the province in which school is located.)

**first and last name:** Information collected through this form will be used by INAC for analytical and statistical purposes in support of education programs in First Nation schools. The information collected may be used by INAC for audit and compliance purposes to verify teacher certification/ salary/level/ experience. The identity of individuals will be protected. All information collected will be subject to the provisions of the *Privacy Act*. Personal information will not be released and no individuals will be identified within the analysis. Aggregate level data will be used only for the purposes originally intended.

**date first employed by current school:** please identify the date in which employment began at the current school.

**occupation:** indicate whether an individual is a principal, vice-principal, teacher, language/cultural instructor, guidance counsellor, teachers-aid, para-professional, etc.

**employment status:** indicate whether the teacher is employed full- or part-time as per provincial definitions.

The two data elements below are submitted on a voluntary basis:

- **gender:** Does the teacher self-identify as male or female?
- **aboriginal identity:** Does the teacher self-identify as Aboriginal?

**provincial certification number, and whether or not a copy is in the school files:** list the teacher certification number given to the teacher by the province in which the school is located. Indicate whether a copy of the teachers certification is on file in the school or First Nation office.

### annual salary as listed on salary grid

**grid used:** check which grid was used to determine the teacher's level of qualification. If it is not either First Nation, Federal or Provincial, use the line beside "other" to identify the grid used.

**list of the teacher's qualification(s):** for federal/provincial agreements, list grid qualification used. Otherwise list the combination of education the teacher has acquired, e.g. diploma, undergraduate degree (B.A., B.Sc.), graduate degree (M.B.A.), plus any additional qualifications in education related areas.

**number of years** the teacher has been teaching at either provincial or First Nation schools, not including the current school year.

# Annual Teacher & Curriculum Information Form

|  |                   |                     |                   |              |               |
|--|-------------------|---------------------|-------------------|--------------|---------------|
| If more than one form was needed to record all teachers, how many were used: | #                 |                     |                   |              |               |
| school name  | First Nation Name | First Nation Number | school identifier | school board | school number |

Information collected through this form will be used by INAC for analytical and statistical purposes in support of education programs in First Nation schools. The information collected may be used by INAC for audit and compliance purposes to verify teacher certification/salary/ level/ experience. The identity of individuals will be protected. All information collected will be subject to the provisions of the *Privacy Act*. Personal information will not be released and no individuals will be identified within the analysis. Aggregate level data will be used only for the purposes originally intended.

## TEACHER INFORMATION

Teacher certification criteria: Please list below all teachers with a provincial teachers certification that is BOTH:

- < valid for the current school year; and
- < from the same province in which the school is located.

For those teachers that do not meet this criteria, please use the table on the back of this form.

| name                                  | Date first employed by current school<br>m m / y y y y | occupation (e.g. teacher/principal/ vice principal, language/ cultural instructor, guidance counsellor, para-professional, librarian, teacher assistant etc.) | employment status<br>☑full-time<br>☑part-time | The two data elements below are submitted on a voluntary basis |  | provincial certification #<br>_____<br>copy on file? Y / N | annual salary as per salary grid otherwise gross annual salary<br>\$_____ | salary grid used (check one)<br>☑First Nation salary grid<br>☑federal collective agreement<br>☑provincial collective agreement<br>☑Other_____ | For federal/provincial agreements list grid qualification level. Otherwise list qualifications used to determine salary | For federal/provincial agreements list # of grid years. Otherwise list # of years of certified teaching experience (not including current year) |
|---------------------------------------|--|---|---|--|--|--|---|---|---|---|
|                                       |  |   |   | gender<br>☑male<br>☑female                                     | Does the teacher self-identify as Aboriginal?<br>☑yes<br>☑no |  |   |   |   |   |
| First Name: _____<br>Last Name: _____ | m m / y y y y  |   | ☑full-time<br>☑part-time                      | ☑male<br>☑female   | ☑yes<br>☑no  | _____<br>copy on file? Y / N                               | \$_____   | ☑First Nation salary grid<br>☑federal collective agreement<br>☑provincial collective agreement<br>☑Other_____                                 |   |   |
| First Name: _____<br>Last Name: _____ | m m / y y y y  |   | ☑full-time<br>☑part-time                      | ☑male<br>☑female   | ☑yes<br>☑no  | _____<br>copy on file? Y / N                               | \$_____   | ☑First Nation salary grid<br>☑federal collective agreement<br>☑provincial collective agreement<br>☑Other_____                                 |   |   |
| First Name: _____<br>Last Name: _____ | m m / y y y y  |   | ☑full-time<br>☑part-time                      | ☑male<br>☑female   | ☑yes<br>☑no  | _____<br>copy on file? Y / N                               | \$_____   | ☑First Nation salary grid<br>☑federal collective agreement<br>☑provincial collective agreement<br>☑Other_____                                 |   |   |
| First Name: _____<br>Last Name: _____ | m m / y y y y  |   | ☑full-time<br>☑part-time                      | ☑male<br>☑female   | ☑yes<br>☑no  | _____<br>copy on file? Y / N                               | \$_____   | ☑First Nation salary grid<br>☑federal collective agreement<br>☑provincial collective agreement<br>☑Other_____                                 |   |   |
| First Name: _____<br>Last Name: _____ | m m / y y y y  |   | ☑full-time<br>☑part-time                      | ☑male<br>☑female   | ☑yes<br>☑no  | _____<br>copy on file? Y / N                               | \$_____   | ☑First Nation salary grid<br>☑federal collective agreement<br>☑provincial collective agreement<br>☑Other_____                                 |   |   |
| First Name: _____<br>Last Name: _____ | m m / y y y y  |   | ☑full-time<br>☑part-time                      | ☑male<br>☑female   | ☑yes<br>☑no  | _____<br>copy on file? Y / N                               | \$_____   | ☑First Nation salary grid<br>☑federal collective agreement<br>☑provincial collective agreement<br>☑Other_____                                 |   |   |

## ELEMENTARY-SECONDARY EDUCATION

### Back of form

For teaching staff who do **not** meet the teacher certification criteria, names are not required, however a numeric identifier is needed in order to identify the teacher from year to year. Administrators are to keep a record of these identifiers so reports can be updated each year.

As per the first page of the form, the **occupation, employment status** (full-time or part-time), whether the teacher chooses to identify their **gender**, whether the teacher chooses to self-identify as **Aboriginal**, the **gross annual salary**, a **list of teacher qualifications**, the **grid used** to determine the salary, and the **number of years** of teaching experience is required of all teachers who do not meet the teacher certification criteria.

**Reason(s) for not meeting certification criteria - check all that apply:** Information on non-certified teachers is required to effectively understand their situation and respond to the “Audi of Teacher Certification”. This field provides several reasons why a teacher may not meet the certification criteria. Please check the reason(s) that applies to the individual teacher, or provide an explanation if none of these reasons apply.

| Reason (as per form)   | Instructions   |
|--|--|
| Teacher certification is from another province, Province: _____ certification# _____<br><input type="checkbox"/> Teacher issued with interim teaching certificate # ___ from the school's province.<br><input type="checkbox"/> Teacher is currently seeking certification from the province where the school is located.<br><input type="checkbox"/> None of the above (Explain): _____ | Some teachers may be certified in another province. The normal process for these teachers is to seek qualification in the province where the school is located. An interim provincial certification is normally given to these teachers. If the teacher does not have and is not seeking an interim provincial teachers certification, please explain why. Use additional pages if required. |
| Teacher is qualified in the specific subject area that they are teaching (e.g. native language, technology, mechanics, industrial arts, home economic) Identify subject area: _____  | It is recognized that these teachers are likely qualified in the special subject area they are teaching (e.g. a native language speaker teaching a native language course, a certified mechanic teaching a mechanics course). Their qualification(s) can be identified here.   |
| Teacher Certification is not valid for current school year, it is dated: <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>   | Provincial certification that is expired.  |
| Teacher requires upgrading (specify): _____  | If the teacher requires upgrading to qualify for a provincial teachers certification, please specify the upgrading required.   |
| Teacher has no provincial teacher certification (explain): _____   | If none of the reasons listed apply to the teacher, please identify the reason(s) this individual is qualified to teach. Use additional paper if required.   |

**Curriculum Certification:** The individual who signs the form must validate whether the curriculum complies with basic requirements of provincial/territorial departments of education by initialling after this statement.

**Form Certification:** This form must be signed and dated by the Principal of the First Nation School or the First Nation band official responsible for education. Please identify the name and title of the individual signing.

**For those teaching staff that do not meet the teacher certification criteria (certification valid for the current school year; and from the same province in which the school is located), please fill in all information - note that names are not required, however a numeric identifier must be given to each individual in order to update this information annually.**

|   |  |   |   |  |  |   |
|---|--|---|---|--|--|---|
| Numeric identifier (to be used each year)                                   | occupation (teacher, language/ cultural instructor, guidance counsellor, para-professional, teacher assistant, etc.)   | Date first employed by current school:<br>m m / y y y y                   | employment status<br><input type="checkbox"/> full-time<br><input type="checkbox"/> part-time | gender<br><input type="checkbox"/> male<br><input type="checkbox"/> female | Does the teacher self-identify as Aboriginal?<br><input type="checkbox"/> yes<br><input type="checkbox"/> no | <b>Reason(s) for not meeting certification criteria - check all that apply:</b><br><input type="checkbox"/> Teacher certification is from another province, Province: _____ certification# _____<br><input type="checkbox"/> Teacher issued with interim teaching certificate # _____ from the school's province.<br><input type="checkbox"/> Teacher is currently seeking certification from the province where the school is located.<br><input type="checkbox"/> None of the above (Explain): _____              |
| annual salary as per salary grid, otherwise gross annual salary<br>\$ _____ | Salary grid used to establish level of teacher of qualification:<br><input type="checkbox"/> First Nation salary grid<br><input type="checkbox"/> federal collective agreement<br><input type="checkbox"/> provincial collective agreement<br><input type="checkbox"/> Other | list of teacher post-secondary education qualification(s) (if applicable) | years of teaching experience (not including current year)                                     |  |  | <input type="checkbox"/> Teacher is qualified in the specific subject area that they are teaching, for example: native language, technology, mechanics, industrial arts, home economics. Identify subject area: _____<br><input type="checkbox"/> Teacher Certification is not valid for current school year, it is dated: y y / m m / y y y y<br><input type="checkbox"/> Teacher requires upgrading (specify): _____<br><input type="checkbox"/> Teacher has no provincial teacher certification (explain): _____ |

|   |  |   |   |  |  |   |
|---|--|---|---|--|--|---|
| Numeric identifier (to be used each year)                                   | occupation (teacher, language/ cultural instructor, guidance counsellor, para-professional, teacher assistant, etc.)   | Date first employed by current school:<br>m m / y y y y                   | employment status<br><input type="checkbox"/> full-time<br><input type="checkbox"/> part-time | gender<br><input type="checkbox"/> male<br><input type="checkbox"/> female | Does the teacher self-identify as Aboriginal?<br><input type="checkbox"/> yes<br><input type="checkbox"/> no | <b>Reason(s) for not meeting certification criteria - check all that apply:</b><br><input type="checkbox"/> Teacher certification is from another province, Province: _____ certification# _____<br><input type="checkbox"/> Teacher issued with interim teaching certificate # _____ from the school's province.<br><input type="checkbox"/> Teacher is currently seeking certification from the province where the school is located.<br><input type="checkbox"/> None of the above (Explain): _____              |
| annual salary as per salary grid, otherwise gross annual salary<br>\$ _____ | Salary grid used to establish level of teacher of qualification:<br><input type="checkbox"/> First Nation salary grid<br><input type="checkbox"/> federal collective agreement<br><input type="checkbox"/> provincial collective agreement<br><input type="checkbox"/> Other | list of teacher post-secondary education qualification(s) (if applicable) | years of teaching experience (not including current year)                                     |  |  | <input type="checkbox"/> Teacher is qualified in the specific subject area that they are teaching, for example: native language, technology, mechanics, industrial arts, home economics. Identify subject area: _____<br><input type="checkbox"/> Teacher Certification is not valid for current school year, it is dated: y y / m m / y y y y<br><input type="checkbox"/> Teacher requires upgrading (specify): _____<br><input type="checkbox"/> Teacher has no provincial teacher certification (explain): _____ |

|   |  |   |   |  |  |   |
|---|--|---|---|--|--|---|
| Numeric identifier (to be used each year)                                   | occupation (teacher, language/ cultural instructor, guidance counsellor, para-professional, teacher assistant, etc.)   | Date first employed by current school:<br>m m / y y y y                   | employment status<br><input type="checkbox"/> full-time<br><input type="checkbox"/> part-time | gender<br><input type="checkbox"/> male<br><input type="checkbox"/> female | Does the teacher self-identify as Aboriginal?<br><input type="checkbox"/> yes<br><input type="checkbox"/> no | <b>Reason(s) for not meeting certification criteria - check all that apply:</b><br><input type="checkbox"/> Teacher certification is from another province, Province: _____ certification# _____<br><input type="checkbox"/> Teacher issued with interim teaching certificate # _____ from the school's province.<br><input type="checkbox"/> Teacher is currently seeking certification from the province where the school is located.<br><input type="checkbox"/> None of the above (Explain): _____              |
| annual salary as per salary grid, otherwise gross annual salary<br>\$ _____ | Salary grid used to establish level of teacher of qualification:<br><input type="checkbox"/> First Nation salary grid<br><input type="checkbox"/> federal collective agreement<br><input type="checkbox"/> provincial collective agreement<br><input type="checkbox"/> Other | list of teacher post-secondary education qualification(s) (if applicable) | years of teaching experience (not including current year)                                     |  |  | <input type="checkbox"/> Teacher is qualified in the specific subject area that they are teaching, for example: native language, technology, mechanics, industrial arts, home economics. Identify subject area: _____<br><input type="checkbox"/> Teacher Certification is not valid for current school year, it is dated: y y / m m / y y y y<br><input type="checkbox"/> Teacher requires upgrading (specify): _____<br><input type="checkbox"/> Teacher has no provincial teacher certification (explain): _____ |

|   |  |   |   |  |  |   |
|---|--|---|---|--|--|---|
| Numeric identifier (to be used each year)                                   | occupation (teacher, language/ cultural instructor, guidance counsellor, para-professional, teacher assistant, etc.)   | Date first employed by current school:<br>m m / y y y y                   | employment status<br><input type="checkbox"/> full-time<br><input type="checkbox"/> part-time | gender<br><input type="checkbox"/> male<br><input type="checkbox"/> female | Does the teacher self-identify as Aboriginal?<br><input type="checkbox"/> yes<br><input type="checkbox"/> no | <b>Reason(s) for not meeting certification criteria - check all that apply:</b><br><input type="checkbox"/> Teacher certification is from another province, Province: _____ certification# _____<br><input type="checkbox"/> Teacher issued with interim teaching certificate # _____ from the school's province.<br><input type="checkbox"/> Teacher is currently seeking certification from the province where the school is located.<br><input type="checkbox"/> None of the above (Explain): _____              |
| annual salary as per salary grid, otherwise gross annual salary<br>\$ _____ | Salary grid used to establish level of teacher of qualification:<br><input type="checkbox"/> First Nation salary grid<br><input type="checkbox"/> federal collective agreement<br><input type="checkbox"/> provincial collective agreement<br><input type="checkbox"/> Other | list of teacher post-secondary education qualification(s) (if applicable) | years of teaching experience (not including current year)                                     |  |  | <input type="checkbox"/> Teacher is qualified in the specific subject area that they are teaching, for example: native language, technology, mechanics, industrial arts, home economics. Identify subject area: _____<br><input type="checkbox"/> Teacher Certification is not valid for current school year, it is dated: y y / m m / y y y y<br><input type="checkbox"/> Teacher requires upgrading (specify): _____<br><input type="checkbox"/> Teacher has no provincial teacher certification (explain): _____ |

**CURRICULUM CERTIFICATION:**  
 I hereby certify that, for the current school year the curriculum used in the school complies at all academic levels with the basic requirements of the provincial/territorial department of education. Principal or First Nation Official, please initial if this statement is valid: \_\_\_\_\_ Initial: \_\_\_\_\_

**The information provided on this form is accurate to the best of my knowledge:**

|  |                  |                   |      |
|--|------------------|-------------------|------|
| Signature of Principal or First Nation Official: | Name of Signator | Title of Signator | Date |
|  |                  |                   |      |



## **ELEMENTARY-SECONDARY EDUCATION**

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

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

TPMS RR CODE: 0024

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### **SCHOOL PROGRAM EVALUATION REPORT**

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

TPMS RR CODE: 0021

**FINAL PROJECT REPORT  
(NEW PATH FOR EDUCATION)**

**Name of Organization:** \_\_\_\_\_

|                  |               |
|------------------|---------------|
| Mailing Address: | Phone Number: |
|                  | Fax Number:   |
|                  | E-Mail:       |

**Project Name:** \_\_\_\_\_

**Actual Start Date:** \_\_\_\_\_ **Actual Completion Date:** \_\_\_\_\_

Using the *Project Proposal Submission*, identify the areas for action:

| Areas for Action | List of Actual Activities Pertaining to these Areas |
|------------------|---|
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |

**Explain how the need or issue was addressed with this project.**

**Explain, if applicable, how this project addressed a recommendation from a school evaluation.**

| Which actual target clientele was affected by this project? | Number of Participants / Reached individuals |
|---|--|
| " Students in kindergarten                                  |  |
| " Students in Grade 1 to 6                                  |  |
| " Students in Grade 7 to 10                                 |  |
| " Students in Secondary 1 to 3 in Québec                    |  |
| " Students in Grade 11 and 12                               |  |
| " Students in Secondary 4 to 5 in Québec                    |  |
| " Teaching Staff  |  |
| " Professional Staff  |  |
| " Management Staff  |  |
| " Parents   |  |
| " Community at large  |  |
| " Other (specify):  |  |

**Was the project completed as planned?**

**What successes contributed to the achievement of the project's goals and objectives?**

**What difficulties hindered the achievement of the project's goals and objectives?**

**Identify actual project partners (e.g., : neighbouring communities, social services, health services, community service groups, etc.):**

If applicable, describe the quality of the partnership with the identified project partners.

**PROJECT OUTPUT**

Using the *Project Proposal Submission* form, indicate the *output* related to the *areas for action* and any other locally identified output. For each of the *output*, indicate baseline and end of project data/information.

| Identified Project Output | Baseline Data/Information<br>(if no previous data/information exists, indicate zero) | End of Project Data/Information |
|---------------------------|--|---------------------------------|
|                           |  |                                 |
|                           |  |                                 |
|                           |  |                                 |
|                           |  |                                 |

**FINANCIAL INFORMATION**

| Approved Level of Funding | Total Expenditures | Year End Surplus/Deficit |
|---------------------------|--------------------|--------------------------|
|                           |                    |                          |

The financial data should also be reflected in the year end financial statement of the recipient organization.

|   |                  |       |      |
|---|------------------|-------|------|
| The information provided is accurate to the best of my knowledge: |                  |       |      |
| Signature of Contact Person                                       | Name of Signator | Title | Date |

TPMS RR CODE:0272

## **ELEMENTARY-SECONDARY EDUCATION**

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### **TEACHER RECRUITMENT AND RETENTION FINAL ACTIVITY REPORT**

**DUE DATE:** Due May 15 for the previous fiscal year.

# TEACHER RECRUITMENT AND RETENTION FINAL ACTIVITY REPORT

| Reporting Organization Information   |   |
|--|---|
| Name of First Nation/First Nation Education Authority/<br>First Nation Regional Education Organization(FNREO): | Number:<br><br>INAC use only                    |
| Contact Person:  | Title/Position:                                 |
| Mailing Address:   | Phone Number:<br><br>Fax Number:<br><br>E-Mail: |

| Final Project Report   |  |   |
|--|--|---|
| <b>Objectives</b>  |  |   |
| Please (✓) applicable objective(s)/project target(s)   |  |   |
| <ul style="list-style-type: none"> <li>✓ Provide educators and para-professionals in band-operated schools with access to professional development training</li> <li>✓ Reward teacher/school excellence</li> <li>✓ Promote education as a career</li> </ul>                  |  |   |
| Please (✓) applicable activity   | Please (✓) outcomes by category  | Number of Individuals                               |
| <ul style="list-style-type: none"> <li>✓ Training, including accredited on-line training, at an accredited post-secondary institution</li> </ul>   | <ul style="list-style-type: none"> <li>✓ course assists a non-certified individual in becoming certified</li> <li>✓ course assists a teacher in maintaining current certification level</li> <li>✓ course assists a certified teacher to enhance certification level</li> </ul>  | # _____<br># _____<br># _____                       |
| <ul style="list-style-type: none"> <li>✓ Group workshops, training programs and/or non-accredited courses organized by First Nations, delivered by specialists; and that are comparable to those provided by provincial school boards and Ministries of Education</li> </ul> | <ul style="list-style-type: none"> <li>✓ course assists a non-certified individual in becoming certified</li> <li>✓ course assists a teacher in maintaining current certification level</li> <li>✓ course assists a certified teacher to enhance certification level</li> </ul>  | # _____<br># _____<br># _____                       |
| <ul style="list-style-type: none"> <li>✓ Group workshops, training programs and/or non-accredited courses delivered by an aboriginal-controlled institution, which is affiliated with a recognized institution</li> </ul>  | <ul style="list-style-type: none"> <li>✓ course assists a non-certified individual in becoming certified</li> <li>✓ course assists a teacher in maintaining current certification level</li> <li>✓ course assists a certified teacher to enhance certification level</li> </ul>  | # _____<br># _____<br># _____                       |
| <ul style="list-style-type: none"> <li>✓ Networking opportunities, including internet-based communications, distance education opportunities and mentoring programs for first year teachers</li> </ul>   | <ul style="list-style-type: none"> <li>✓ course assists a non-certified individual in becoming certified</li> <li>✓ course assists a teacher in maintaining certification level</li> <li>✓ course assists a certified teacher to enhance certification level</li> <li>✓ reduced staff turnover</li> <li>✓ retention rate increase</li> </ul> | # _____<br># _____<br># _____<br># _____<br># _____ |



## **ELEMENTARY-SECONDARY EDUCATION**

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### **PARENTAL AND COMMUNITY ENGAGEMENT STRATEGY FINAL ACTIVITY REPORT**

**DUE DATE:** Due May 15 for the previous fiscal year.





**Please include any relevant qualitative or quantitative data collected during the project.**

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**Actual Start Date:** Y Y Y Y / M M / D D

**Actual Completion Date:** Y Y Y Y / M M / D D

**Was the project completed as planned? If not, why?**

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**What successes contributed to the achievement of the project's goals and objectives?**

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**What difficulties hindered the achievement of the project's goals and objectives?  
Please include your recommendations/ comments/ suggestions.**

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**If applicable, please (✓) actual project partners:**

- ✓ Neighbouring communities
- ✓ Social Services
- ✓ Health Services
- ✓ Community service groups
- ✓ Other (specify)

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| <b>Certification</b>  |   |
|---|---|
| I certify that the information contained in this report is true, to the best of my knowledge. |   |
| Signature:  | Name:   |
| Position/Title:   | Date Submitted:<br><u>Y Y Y Y / M M / D D</u> |

TPMS RR CODE: 0020

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

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

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 C2. Additional information can be obtained at your local INAC 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 INAC 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)
- ? Fill in the code for the major area of study the student is enrolled in and the qualification sought :

| Major Area of Study                                 | Community Colleges and Trade Program Codes | University Program Codes |
|---|--|--------------------------|
| Agriculture & Biological Sciences                   |  | U51                      |
| ARTS  | C01  |                          |
| Canadian Studies (*Does not include Native Studies) |  | U52                      |
| Clerical  | C02  |                          |
| General Arts & Sciences                             | C03  | U53                      |
| Business & Commerce                                 | C04  | U54                      |
| Education   | C05  | U55                      |
| Engineering & Applied Sciences                      | C06  | U56                      |
| Fine & Applied Arts                                 | C07  | U57                      |
| Health Professions                                  |  | U58                      |
| Health Sciences & Related                           | C08  |                          |
| Law   |  | U59                      |
| Mathematics & Physical Sciences                     |  | U60                      |
| Native Studies                                      | C09  | U61                      |
| Natural Sciences & Primary Industries               | C10  |                          |
| Social Sciences (& Services)                        | C11  | U62                      |
| Humanities (& Related)                              | C12  | U63                      |
| Other   | C99  | U99                      |

| Qualification / Code          | Description   |
|-------------------------------|---|
| Non-university / 1            | Non-university type certificate or diploma  |
| Undergraduate / 2             | Bachelor degree, First professional degree (e.g., MD, DMD, LLB, MDiv, etc., as well as BEd, requiring a prior bachelor's degree), Licence undergraduate, Undergraduate-level certificate or diploma (e.g., diploma in dental hygiene, diploma in physiotherapy, etc.) |
| Graduate / 3                  | Licence graduate, Master's degree and qualifying year (excludes MDiv), PhD and qualifying year, Earned doctorate, Graduate-level certificate or diploma   |
| Not seeking qualification / 4 | Special students, Auditors, Students taking courses for credit elsewhere, Other   |

- ? 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.
- ? Indicate "F" for full-time attendance student, and "P" for part-time attendance student
- ? Sign and date the form when completed.



## 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.

| Major Area of Study                                 | Community Colleges and Trade Program Codes | University Program Codes |
|---|--|--------------------------|
| Agriculture & Biological Sciences                   |  | U51                      |
| ARTS  | C01  |                          |
| Canadian Studies (*Does not include Native Studies) |  | U52                      |
| Clerical  | C02  |                          |
| General Arts & Sciences                             | C03  | U53                      |
| Business & Commerce                                 | C04  | U54                      |
| Education   | C05  | U55                      |
| Engineering & Applied Sciences                      | C06  | U56                      |
| Fine & Applied Arts                                 | C07  | U57                      |
| Health Professions                                  |  | U58                      |
| Health Sciences & Related                           | C08  |                          |
| Law   |  | U59                      |
| Mathematics & Physical Sciences                     |  | U60                      |
| Native Studies                                      | C09  | U61                      |
| Natural Sciences & Primary Industries               | C10  |                          |
| Social Sciences (& Services)                        | C11  | U62                      |
| Humanities (& Related)                              | C12  | U63                      |
| Other   | C99  | U99                      |

| Qualification / Code          | Description   |
|-------------------------------|---|
| Non-university / 1            | Non-university type certificate or diploma  |
| Undergraduate / 2             | Bachelor degree, First professional degree (e.g., MD, DMD, LLB, MDiv, etc., as well as BEd, requiring a prior bachelor's degree), Licence undergraduate, Undergraduate-level certificate or diploma (e.g., diploma in dental hygiene, diploma in physiotherapy, etc.) |
| Graduate / 3                  | Licence graduate, Master's degree and qualifying year (excludes MDiv), PhD and qualifying year, Earned doctorate, Graduate-level certificate or diploma   |
| Not seeking qualification / 4 | Special students, Auditors, Students taking courses for credit elsewhere, Other   |

- ? Provide the actual number of post-secondary students funded for the previous fiscal 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 (PSEI) | Qualification<br>Sought<br>(circle one) | Major Area of<br>Study (see<br>table on<br>back) | 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 |                             |            |                                       |  |   |  |  |                                  |   |
| _____<br>or Inuit? Innu?  |                  |                 |                   |                      |                             | M ?<br>F ? | Full-time ?<br>Part-time ?            | PSEI NAME:<br><br>PSEI NUMBER: _____           | 1 2 3 4                                 |  | 1 2 3 4 5                                |                                  | Yes ? No ?  |
| _____<br>or Inuit? Innu?  |                  |                 |                   |                      |                             | M ?<br>F ? | Full-time ?<br>Part-time ?            | PSEI NAME:<br><br>PSEI NUMBER: _____           | 1 2 3 4                                 |  | 1 2 3 4 5                                |                                  | Yes ? No ?  |
| _____<br>or Inuit? Innu?  |                  |                 |                   |                      |                             | M ?<br>F ? | Full-time ?<br>Part-time ?            | PSEI NAME:<br><br>PSEI NUMBER: _____           | 1 2 3 4                                 |  | 1 2 3 4 5                                |                                  | Yes ? No ?  |
| _____<br>or Inuit? Innu?  |                  |                 |                   |                      |                             | M ?<br>F ? | Full-time ?<br>Part-time ?            | PSEI NAME:<br><br>PSEI NUMBER: _____           | 1 2 3 4                                 |  | 1 2 3 4 5                                |                                  | Yes ? No ?  |
| _____<br>or Inuit? Innu?  |                  |                 |                   |                      |                             | M ?<br>F ? | Full-time ?<br>Part-time ?            | PSEI NAME:<br><br>PSEI NUMBER: _____           | 1 2 3 4                                 |  | 1 2 3 4 5                                |                                  | Yes ? No ?  |
| _____<br>or Inuit? Innu?  |                  |                 |                   |                      |                             | M ?<br>F ? | Full-time ?<br>Part-time ?            | PSEI NAME:<br><br>PSEI NUMBER: _____           | 1 2 3 4                                 |  | 1 2 3 4 5                                |                                  | Yes ? No ?  |
| _____<br>or Inuit? Innu?  |                  |                 |                   |                      |                             | M ?<br>F ? | Full-time ?<br>Part-time ?            | PSEI NAME:<br><br>PSEI NUMBER: _____           | 1 2 3 4                                 |  | 1 2 3 4 5                                |                                  | Yes ? No ?  |
| Non-University (1) Undergraduate (2) Graduate (3) Not seeking a qualification (4) ← |                  |                 |                   |                      |                             |            |                                       |  |   | ← Enter 0 if less than 1 year                    |  |                                  |   |

## SUMMARY TOTAL OF PSE STUDENTS FUNDED DURING 2004-2005:

|  |             |            |       |
|--|-------------|------------|-------|
| The information provide is accurate to the best of my knowledge: | Name/Title: | Signature: | Date: |
|  |             |            |       |



TPMS RR CODE: 0031



## **POST-SECONDARY EDUCATION**

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### **INDIAN STUDIES SUPPORT PROGRAM (ISSP)**

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

#### **INSTRUCTIONS**

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

**INDIAN STUDIES SUPPORT PROGRAM (ISSP)**

\*Narrative Report. Contact INAC regional office

TPMS RR CODE: 0033

# SPECIAL EDUCATION

## NEW SECTION

Funding for the Special Education Program is an investment in programs and services for First Nation children with identified special needs. Program funds have been targeted to improve the quality of education and level of support services for eligible students with special needs. National Special Education Program Guidelines, including reporting requirements, were developed jointly by the Assembly of First Nations Special Education Working Group and INAC as the operational terms and conditions to guide Regional Offices, First Nations, and First Nation Regional Management Organizations (FNRMO). In 2005 INAC will be returning to Cabinet to request increased funding to provide services to special needs children that are at least equivalent to that provided by provincial education authorities. *The First Nation School Annual Report on the Special Education Program (SEP)* has been included in the FNRMG 2004-2005 to support this request.

First Nation School Annual Report on the Special Education Program (SEP) ..... 2

For an overview of the Special Education Program and data collection exercise, as well as for definitions of data elements, please refer to Volume II: Reference, Tab C3. Additional information can be obtained at your local INAC regional office (See Tab A of this volume).



# First Nation School Annual Report on the Special Education Program (SEP)

**INSTRUCTIONS:**

1. Due annually on May 15
2. To be completed by a Education Representative for every First Nation School.
3. Questions and Comments regarding individual sections and questions can also be provided at the end of this report.
4. Glossary: Any term marked with a \* will be defined in the glossary on page 9.
5. **NOTE:** All students receiving programs and services under the *Interim Special Education Program(SEP)\** must be identified as *High Cost Special Education Students\* on the Nominal Roll*. Funding for Low-Cost Special Education services is not part of the SEP and must not be included here.

|  |  |
|--|--|
| School Year Being Reported: September 2__ __ __ - June 2__ __ __ |  |
| Education Authority Name   | Education Authority Number<br><small>INAC use only</small> |
| Name of School   | Name of Principal  |
| Address  | Telephone:   |
|  | FAX:   |
|  | email:   |
| Name of individual completing report                             | Title  |
| Signature  | Date   |

TPMS RR CODE: 0027

**PART A: AGGREGATE STUDENT INFORMATION - In 2005 INAC will be returning to Cabinet to request increased funding to provide services to special needs children that are at least equivalent to that provided by provincial education authorities. The data below is required to support this request.**

| BASIC NOMINAL ROLL DATA - in order to assess the funding required, the number of high cost special education students must be identified. |   | # of students |
|---|---|---------------|
| 1.  | Number of students listed on the Sept. 30, 2003 nominal roll.   |               |
| 2.  | Number of students that were <b>not</b> listed on the Sept 30, 2003 nominal roll.   |               |
| 3.  | Number of High Cost Special Needs Students*.  |               |
|   | (a) How many were listed on the Sept. 30, 2003 nominal roll as requiring these services? _____                              |               |
|   | (b) How many were not listed on the Sept. 30, 2003 nominal roll as requiring these services? _____                          |               |
| 4.  | Of the number of High Cost Special Needs Students identified in question 3:   |               |
|   | a) How many received special education services for the 2003-2004 school year, and <b>not</b> in the 2002-2003 school year? |               |
|   | b) How many received special education services in both 2003-2004 and 2002-2003?  |               |
| 5.  | High Cost Special Education Program Delivery:   |               |
|   | a) How many students from question 3 are in regular classrooms with no specialized/resource program?                        |               |
|   | b) How many students from question 3 are in regular classrooms with part-time specialized/ resource programs?               |               |
|   | c) How many students from question 3 are in full-time specialized/ resource programs and do not attend regular classrooms?  |               |

| STUDENT ASSESSMENTS FOR SPECIAL EDUCATION SERVICES |   | # of students |
|--|---|---------------|
| 6.   | How many students were <b>referred</b> for assessments during this school year?     |               |
| 7.   | Of these, how many students were actually assessed during this school year?         |               |
| 8.   | How many students had an assessment on file prior to this school year?              |               |
| 9.   | How many students currently need to be completely reassessed for the High Cost SEP? |               |

| INDIVIDUAL EDUCATION PLANS (IEP)* - it is recognized that assessing a high cost special education student's progress is difficult. However, it must be demonstrated that funding for these students does result in satisfactory progress towards achievement of their fullest potential. Provide additional comments below and, if necessary, at the back of this form, if the questions below do not adequately describe this. |   |
|---|---|
| 10.   | How many high cost special needs students* have an IEP and received special education services during this school year? |
| 11.   | How many students were assessed but do not have an IEP?   |
| 12.   | Of the students in question 10, how many achieved:  |
|   | a) between 1 to 50% of their objectives as set out in their IEPs?   |
|   | b) between 51% to 100% of their objectives as set out in their IEPs?  |
|   | c) How many students did not meet any of their objectives as set out in their IEPs?                                     |

**Comments**

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**Comments**

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**Part D: SPECIAL EDUCATION PROFESSIONAL DEVELOPMENT**

24. What special education professional development, and special education program support activities were made available to teaching staff this year?

? In-school training      ? Workshops      ? Conferences      ? University / College Courses  
 ? Coaching / Mentoring      ? None      ? Other: \_\_\_\_\_

**Comments**

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**Part E: PROFESSIONAL SERVICES PROVIDED**

25. Check (?) the Professional Services being provided now to high cost special needs students.

Check (?) who is the Employer(s) of the Professionals

| Type of Services   | assessment | intervention | ongoing | Check (?) who is the Employer(s) of the Professionals |                        |                         | Other Employer (specify) |
|--|------------|--------------|---------|---|------------------------|-------------------------|--------------------------|
|  |            |              |         | First Nation  | FNRMO*/ Tribal Council | Provincial School Board |                          |
| Special Education Teacher  |            |              |         |   |                        |                         |                          |
| Para-professional  |            |              |         |   |                        |                         |                          |
| Psychologist   |            |              |         |   |                        |                         |                          |
| Speech/Language/Pathologist  |            |              |         |   |                        |                         |                          |
| School Clinician   |            |              |         |   |                        |                         |                          |
| Psychiatrist   |            |              |         |   |                        |                         |                          |
| Physiotherapist  |            |              |         |   |                        |                         |                          |
| Professional Counseling  |            |              |         |   |                        |                         |                          |
| Occupational Therapist   |            |              |         |   |                        |                         |                          |
| Psychometrician  |            |              |         |   |                        |                         |                          |
| Dietician  |            |              |         |   |                        |                         |                          |
| Ophthalmologist /Optometrist   |            |              |         |   |                        |                         |                          |
| Medical Diagnostician  |            |              |         |   |                        |                         |                          |
| Assistive Devices Services (both initial assessment, and, if purchased, ongoing maintenance) |            |              |         |   |                        |                         |                          |
| Supported Technology   |            |              |         |   |                        |                         |                          |
| One-on-one full time support   |            |              |         |   |                        |                         |                          |
| Other  |            |              |         |   |                        |                         |                          |



**Part G: PARENTS / CARE GIVERS INVOLVEMENT - The level of involvement of parents and care givers needs to be assessed to ensure that best practices are established. Further comments are welcome at the back of this form.**

|   |            |
|---|------------|
| 27. Are parents / care givers made aware and informed about the Special Education Policy and services available to their children in the schools and community agencies?  | Yes ? No ? |
| 28. Are parents / care givers provided with written documentation about Special Education policy and services available to their children?  | Yes ? No ? |
| 29. Are parents / care givers involved in the development, implementation and evaluation of their children's Individual Education Plan and provided with a copy of assessment reports?  | Yes ? No ? |
| 30. Are parents / care givers required to authorize in writing any assessments, planning and transmission of assessment report to other agencies?   | Yes ? No ? |
| 31. Are parents / care givers involved in pre- and post-assessment consultation with professionals and involved in providing feedback to the school administration about their level of satisfaction about the progress of IEPs ? | Yes ? No ? |

**SECTION H: HIGH COST SPECIAL NEEDS NOT MET**  
**In 2005 INAC will be returning to Cabinet to request increased funding to provide services to special needs children that are at least equivalent to that provided by provincial education authorities. Data is required to support this request.**

|  |            |
|--|------------|
| 32. Was you community/school able to provide appropriate services for all High Cost Special Needs Students*? | Yes ? No ? |
|--|------------|

**If No, then the worksheets at the back of this form will aid in responding to questions 33 to 36. DO NOT SUBMIT WORKSHEETS WITH THIS FORM.**

|  |  |
|--|--|
| 33. How many students did not have any of their high cost special needs met? |  |
| 34. How many students had their high cost special needs partially met?       |  |

|  |  |                                 |  |
|--|--|---------------------------------|--|
| 35. Of the student identified as not having their high cost special needs met, how many: |  |                                 |  |
| a) were assessed by a specialist   |  | d) received a medical diagnosis |  |
| b) were assessed by staff  |  | e) have not been assessed       |  |
| c) were assessed through teacher observation/ screening                                  |  | f) other _____                  |  |

|  |  |                                |  |
|--|--|--------------------------------|--|
| 36. Of the student identified as not having their high cost special needs met, how many require the services of a: |  |                                |  |
| a) Special Education Teacher   |  | i) Para-professional           |  |
| b) Psychologist  |  | j) Speech/Language/Pathologist |  |
| c) Physiotherapist   |  | k) Professional Counseling     |  |
| d) Occupational Therapist  |  | l) Psychometrician             |  |
| e) Dietician   |  | m) Ophthalmologist/Optomtrist  |  |
| f) Medical Diagnostician   |  | n) Assistive Devices           |  |
| g) Supported Technology  |  | o) Other (specify)             |  |
| h) One-on-one full time support  |  |                                |  |

|  |                  |
|--|------------------|
| 37. Reason(s) for lack of service  | approximate cost |
| a) ? Funding for hiring staff (e.g. TA's, teachers, etc.)  | \$               |
| b) ? Funding from capital (e.g. wheelchair ramp or other modification(s) on building(s) to accommodate special needs students) | \$               |
| c) ? Transportation  | \$               |
| d) ? Programs  | \$               |
| e) ? Professional Development  | \$               |
| f) ? Other _____   | \$               |

## Comments

### Part I: SUCCESS STORIES, BEST PRACTICES AND SUGGESTIONS FOR IMPROVEMENT

Please describe any other aspects of the Special Education Programming at your school that you think contribute to its success, so that other schools may benefit from your experience. Suggestions for improving the Special Education Program are also welcome (*add additional sheets as needed.*)





# Special Education Program

## GLOSSARY OF TERMS

### **SEP – Interim Special Education Program for High Cost Needs Students**

Definition: Students eligible for funding under the SEP are those whose special education needs cannot be met within the resources intended for the general student population. Broadly speaking, special education needs of students fall within a continuum of mild to moderate, moderate to severe and severe to profound. Special needs that are at the lower end of this continuum are expected to be addressed within the resources intended for the general student population. Only special education needs that are more costly to address (generally ranging from moderate to profound) are eligible for funding under the SEP.

High Cost Special Needs Students – by regional definition

Number of students in the school funded by First Nations/INAC on Nominal Roll – All on reserve students whose special education services are funded under this contribution authority must be included or be eligible for inclusion on INAC's Nominal Roll-Student Registry Data Base. *Refer to Application Criteria of the SEP Program Guidelines for further details.*

Assessment – for the purpose of identifying High Cost Special Needs Students

Inclusion – Philosophy of schools should accommodate all children regardless of their physical, emotional, intellectual, linguistic, cultural or other conditions. Alternate placement may be considered when it is in the best interest of the child.

Individual Education Plan (IEP) – also referred to as IPP, PPP, IEPP and JLP.

FNRMO - First Nations Regional Managing Organization - Regional organizations that manage the SEP funding, or a portion thereof. FNRMO are responsible for providing regional offices with program and financial information, data and other documentation in accordance with the terms and conditions of their funding arrangements and by INAC's First Nation Year-End Reporting Guide. All FNRMOs are required to have a written Special Education policy.

Networking – Sharing of information with colleagues, agencies and other organizations.

Para-professionals – Support staff such as speech aides, inclusion facilitators, tutor escorts, Elders, etc.

Transition – The process of continuity of student programs and services as the student passes through the educational system.

Identification process – the process involved in which student's needs are identified.

Assistive devices/Supported technology – These are assistive technologies (reading, writing, and communication tools) to ensure students' access to educational programs. Some examples include: augmentative and alternative communication tools, access software for blind students, communication software such as Boardmaker, computer mouse emulators, etc.

**Worksheet used to respond to Section H: Needs not met, Questions 33, 34 and 35. DO NOT SUBMIT WORKSHEET TO INAC.**  
**For each High Cost Special Needs Student, please answer the following questions and place the totals from each column for the corresponding questions in Section H.**

| HIGH COST SPECIAL NEEDS STUDENT NAME   | 33. Was the student's high cost special needs <b>not at all</b> met?<br>(Y)es or (N)o | 34. Was the student's high cost special needs <b>partially</b> met?<br>(Y)es or (N)o | 35a) Was the student assessed by a specialist?<br>(Y)es or (N)o | 35b) Was the student assessed by school staff?<br>(Y)es or (N)o | 35c) Was the student assessed through teacher observation / screening?<br>(Y)es or (N)o | 35d) Did the student receive a medical diagnosis?<br>(Y)es or (N)o | 35e) Has the Student received an assessment?<br>(Y)es or (N)o | 35f) Did the student receive an other kind of Assessment?<br>(Y)es or (N)o<br>(Specify type in comments section on page 8) |
|--|---|--|---|---|---|--|---|--|
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| <b>TOTALS (add up to numbers of Ys to respond to question 33, 34 and 35 in Section H: High Cost Special Needs not met)</b> | <b>33</b>   | <b>34</b>  | <b>35a</b>  | <b>35b</b>  | <b>35c</b>  | <b>35d</b>   | <b>35</b>   | <b>35f</b>   |
|  | add number of (Y)s for question 33  | add number of (Y)s for question 34   | add number of (Y)s for question 35a)                            | add number of (Y)s for question 35b)                            | add number of (Y)s for question 35c)  | add number of (Y)s for question 35d)                               | add number of (N)s for question 35e)                          | add number of (Y)s for question 35f)   |

**Worksheet used to respond to Section H: Needs not met, Questions 36. DO NOT SUBMIT WORKSHEET TO INAC.**

**Of the students identified as not having their needs met, check (?) how many require the services of a:**

| HIGH COST SPECIAL NEEDS STUDENT NAME   | Special Education Teacher | Psychologist | Physiotherapist | Occupational Therapist | Dietician  | Medical Diagnostician | Supported Technology | One-on-one full time support | Para-professional | Speech/Language/Pathologist | Professional Counseling | Psychoeducator | Ophthalmologist/Optomtrist | Assistive Devices | Other (specify in comments section on page 8)) |
|--|---------------------------|--------------|-----------------|------------------------|------------|-----------------------|----------------------|------------------------------|-------------------|-----------------------------|-------------------------|----------------|----------------------------|-------------------|--|
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
|  |                           |              |                 |                        |            |                       |                      |                              |                   |                             |                         |                |                            |                   |  |
| <b>TOTALS (add up to numbers of ?'s to respond to question 36 in Section H: High Cost Special Needs not met)</b> | <b>36a</b>                | <b>36b</b>   | <b>36c</b>      | <b>36d</b>             | <b>36e</b> | <b>36f</b>            | <b>36g</b>           | <b>36h</b>                   | <b>36i</b>        | <b>36j</b>                  | <b>36k</b>              | <b>36l</b>     | <b>36m</b>                 | <b>36n</b>        |  |

**Worksheet used to respond to Section H: Needs not met, Question 37. DO NOT SUBMIT WORKSHEET TO INAC.**

**For each High Cost Special Needs Student, please answer the following questions and place the totals from each column for the corresponding questions in Section H.**

**For each student that did not have their all of their needs met, what was the reason? Details can be listed in the comments field on page 8.**

| HIGH COST SPECIAL NEEDS STUDENT NAME  | 37a) Specify the amount of funding required for hiring staff (e.g. TA's, teachers, etc.) | 37b) Specify the amount of funding required for capital (e.g. wheelchair ramp or other modification(s) on building(s) to accommodate special needs students) | 37c) Specify the amount of funding required for Transportation. | 37d) Specify the amount of funding required for Programs to address High Cost Special Needs Students. | 37e) Specify the amount of funding required for Professional Development of school staff. | 37f) Other Reasons (specify in comments field on page 8) |
|---|--|--|---|---|---|--|
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| <b>TOTALS (add up the funds required to respond to question 37 in Section H: High Cost Special Needs not met)</b> | \$ <b>37a</b>  | \$ <b>37b</b>  | \$ <b>37c</b>   | \$ <b>37d</b>   | \$ <b>37e</b>   | \$ <b>37f</b>  |

## **CULTURAL EDUCATION**

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### **CULTURAL EDUCATION PROGRAM ANNUAL ACTIVITY REPORT**

**Contact your INAC regional office for requirements and form.**

**DUE DATE:** To be completed by each group receiving funds and sent to their INAC regional 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 Volume II: Reference, Tab E. For further information regarding this program, please contact your INAC regional office (See Tab A of this volume).

**Cultural Education Annual Activity Report**  
**\*Narrative Report. Contact INAC Regional Office**

TPMS RR CODE: 0025

# FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY (FNIYES)

## WHAT'S NEW

- ? The FNIYES has been renewed under an Umbrella Results-based Management and Accountability Framework (RMAF) across 14 federal department and agencies, supported by a INAC-specific RMAF. All FNIYES performance information is reported by INAC to HRDC to support horizontal reporting requirements and YES evaluations, in addition to meeting INAC-specific accountability requirements.
- ? Reporting requirements for each of the FNIYES programs have been enhanced to support ongoing performance measurement and program review. For each FNIYES program, both a *Final Activity Report* and an *Evaluation Report* is required. For the Youth Work Experience Program, A *Youth Needs Assessment Report* is also required to capture participant data. It is designed as an assessment tool to identify participant needs and the appropriate intervention. Parts A & B of this report must be completed upon intake / selection of the youth into the program, and Part C upon termination of the program. All reports are to be submitted to INAC within 30 days of the due date, in order for the administering agency to qualify for funding in the following fiscal year.

|  |    |
|--|----|
| <b>Instructions</b> for all FNIYES Final Activity and Evaluation Reports .....     | 2  |
| <br><b>First Nations and Inuit Career Promotion and Awareness Program</b>          |    |
| Career Promotion and Awareness Events  |    |
| Final Activity Report .....  | 3  |
| Evaluation Report .....  | 4  |
| Co-operative Education   |    |
| Final Activity Report .....  | 6  |
| Evaluation Report .....  | 7  |
| <br><b>First Nations and Inuit Science and Technology Program</b>                  |    |
| Final Activity Report .....  | 9  |
| Evaluation Report .....  | 10 |
| <br><b>First Nations and Inuit Student Summer Employment Opportunities Program</b> |    |
| Final Activity Report .....  | 12 |
| Evaluation Report .....  | 13 |
| <br><b>First Nations and Inuit Youth Work Experience Program</b>                   |    |
| Final Activity Report .....  | 15 |
| Evaluation Report .....  | 16 |
| Youth Needs Assessment .....   | 18 |

For an overview of the FNIYES 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 INAC regional office (See Tab A of this volume).

### FINAL ACTIVITY REPORT

**DUE DATE:** All final activity reports are due annually on March 31, except the for the First Nations and Inuit Student Summer Employment Opportunities Program, which is due annually on September 15.

### INSTRUCTIONS

- ? Name of First Nation or Inuit Community / Organization - The name of the First Nation or Inuit community / organization receiving funding to administer the activity.
  - ? Fill out the total number of youth participants, as well as the other totals that are listed.
  - ? Under Financial Information, provide the dollar amount that was spent on the activity from all funding sources. Under Student Summer Employment Opportunities and Youth Work Experience, fill out the total wages paid to the non-profit sector and the private sector for students who participated in the work opportunity. Provide the total amount spent on the program to support access for youth participants with self-identified physical and / or learning disabilities. Note the total dollar amount of INAC's contribution to the activity, and the amount spent on the program from funding sources other than INAC.
  - ? Please sign and date the completed form.
- 

### EVALUATION REPORT

**DUE DATE:** All Evaluation Reports are due annually on March 31, except First Nations and Inuit Student Summer Employment Opportunities Program, which is due annually on September 15.

### INSTRUCTIONS

- ? Name of First Nation or Inuit Community / Organization / School - Fill in the name and contact information of the group receiving funding.
- ? For Co-operative Education, Science and Technology, Student Summer Employment Opportunities, and Youth Work Experience, write a narrative description of the employability skills youth participants' learned, and how the skills were enhanced as a result of participating in the activity.
- ? Provide any lists that are requested.
- ? Comments / Stories from Participants - Please provide narrative comments and/or success stories written by at least two youth participants and/or employers (where applicable) outlining the benefits, level of satisfaction, awareness/appreciation and future plans as a result of participating in the activity. Answer any additional questions mentioned on each form.
- ? Provide any feedback or recommendations.
- ? Please sign and date the completed form.

# Career Promotion and Awareness Program

## Final Activity Report

### DUE: MARCH 31

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

\_\_\_\_\_  
Name of First Nation or Inuit Community/ Organization

|  |  |
|--|--|
| 1. Total number of youth   |  |
| 2. Total number of female youth  |  |
| 3. Total number of male youth  |  |
| 4. Total number of youth with disabilities   |  |
| 5. Total number of activities/ events:   |  |
| <b>FINANCIAL INFORMATION</b>   |  |
| 6. Total amount spent  |  |
| 7. Total revenue from INAC   |  |
| 8. Revenue from other sources (if applicable)  |  |
| 9. Total amount spent to support access for disabled youth (maximum \$3,000 per youth) |  |

The information provided is accurate to the best of my knowledge

|              |        |
|--------------|--------|
| Prepared by: | Title: |
| Signature:   | Date:  |

TPMS RR CODE: 170



# Career Promotion and Awareness Program Evaluation Report

## DUE: MARCH 31

Page 1 of 2

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

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

**Please provide the following:**

- A description of activities

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- A list of organizations who participated in this activity, if applicable.

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**Please list comments/ stories from at least two participants to this form outlining:**

- The benefits of participating in the activity.
- Their level of satisfaction with the activities provided.
- Were the youths' employability skills enhanced and awareness developed as a result of participating in this activity? If so, how?

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# Co-operative Education Final Activity Report DUE: MARCH 31

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

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Name of First Nation Community/ Organization

|  |  |
|--|--|
| 1. Total number of students  |  |
| 2. Total number of female students   |  |
| 3. Total number of male students   |  |
| 4. Total number of students with disabilities  |  |
| 5. Total number of students in elementary school   |  |
| 6. Total number of students in secondary school  |  |
| 7. Number of co-operative education placements   |  |
| 8. Total number of students who completed the program  |  |
| <b>FINANCIAL INFORMATION</b>   |  |
| 9. Total amount spent  |  |
| 10. Total revenue from INAC  |  |
| 11. Revenue from other sources (if applicable)   |  |
| 12. Total amount spent to support access for disabled students (maximum \$3,000 per student) |  |

The information provided is accurate to the best of my knowledge

|              |        |
|--------------|--------|
| Prepared by: | Title: |
| Signature:   | Date:  |

TPMS RR CODE: 172

# Co-operative Education Evaluation Report

## DUE: MARCH 31

page 1 of 2

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

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

**Please provide the following:**

- A description of all activities.
- A list of the names of the students who participated in this program(attached to form)

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- A list of employers/ organizations who participated in this program.

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- What employability skills did the student's learn? Were the students' existing skills enhanced? If so, how?

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## Science and Technology Program Final Activity Report **DUE: MARCH 31**

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

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Name of First Nation or Inuit Community/ Organization

|  |  |
|--|--|
| 1. Total number of youth   |  |
| 2. Total number of female youth  |  |
| 3. Total number of male youth  |  |
| 4. Total number of youth with disabilities   |  |
| 5. Total number of participating communities/ organizations                                |  |
| 6. Total number of activities  |  |
| <b>FINANCIAL INFORMATION</b>   |  |
| 7. Total amount spent  |  |
| 8. Total amount spent to support access for disabled youth<br>(maximum \$3,000 per youth): |  |
| 9. Total revenue from INAC   |  |
| 10. Revenue from other sources (if applicable)   |  |

The information provided is accurate to the best of my knowledge

|              |        |
|--------------|--------|
| Prepared by: | Title: |
| Signature:   | Date:  |

TPMS RR CODE: 174

# Science and Technology Program Evaluation Report

## DUE: MARCH 31

page 1 of 2

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

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

**Please provide the following:**

- A description of the science and technology activities.

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- A list of the delivery agents/ organizations who participated in this program.

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- What employability skills did the youth learn? Were the youths' existing skills enhanced? If so, how?

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## Student Summer Employment Opportunities Program Final Activity Report DUE: SEPTEMBER 15

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

Name of First Nation or Inuit Community/ Organization \_\_\_\_\_

|   |  |       |       |       |    |
|---|--|-------|-------|-------|----|
| 1. Total number of students   |  |       |       |       |    |
| 2. Total number of female students  |  |       |       |       |    |
| 3. Total number of male students  |  |       |       |       |    |
| 4. Total number of students with disabilities   |  |       |       |       |    |
| 5. Total number of students in secondary school   |  |       |       |       |    |
| 6. Total number of students in post-secondary school  |  |       |       |       |    |
| 7. Total number of students aged:   |  | 15-19 | 20-24 | 25-29 | 30 |
| 8. Total number of jobs provided  |  |       |       |       |    |
| 9. Total number of weeks worked (multiplied by number of youth)                               |  |       |       |       |    |
| <b>FINANCIAL INFORMATION</b>  |  |       |       |       |    |
| 10. Total amount spent  |  |       |       |       |    |
| 11. Total wages paid in the non-profit sector   |  |       |       |       |    |
| 12. Total wages paid in the private sector  |  |       |       |       |    |
| 13. Total amount spent to support access for disabled students (maximum \$3,000 per student): |  |       |       |       |    |
| 14. Total revenue from INAC   |  |       |       |       |    |
| 15. Revenue from other sources (if applicable)  |  |       |       |       |    |

The information provided is accurate to the best of my knowledge

|              |        |
|--------------|--------|
| Prepared by: | Title: |
| Signature:   | Date:  |

TPMS RR CODE: 176





# Youth Work Experience Program Final Activity Report

**DUE: MARCH 31**  
Fiscal Year 20\_\_ - 20\_\_

Name of First Nation or Inuit Community/ Organization

|   |  |       |       |       |    |
|---|--|-------|-------|-------|----|
| 1. Total number of youth  |  |       |       |       |    |
| 2. Total number of female youth   |  |       |       |       |    |
| 3. Total number of male youth   |  |       |       |       |    |
| 4. Total number of youth with disabilities  |  |       |       |       |    |
| 5. Total number of needs assessments completed  |  |       |       |       |    |
| 6. Total number of weeks worked (multiplied by number of youth)                             |  |       |       |       |    |
| 7. Total number of youth who completed the program  |  |       |       |       |    |
| 8. Total number of youth aged:  |  | 15-19 | 20-24 | 25-29 | 30 |
| 9. Indicate total number of youth whose highest level of education is:                      |  |       |       |       |    |
| Less than secondary   |  |       |       |       |    |
| Some secondary  |  |       |       |       |    |
| Secondary graduation  |  |       |       |       |    |
| Some post-secondary   |  |       |       |       |    |
| Post-secondary graduation   |  |       |       |       |    |
| <b>FINANCIAL INFORMATION</b>  |  |       |       |       |    |
| 10. Total amount spent  |  |       |       |       |    |
| 11. Total wages paid to youth in the non-profit sector                                      |  |       |       |       |    |
| 12. Total wages paid to youth in the private sector   |  |       |       |       |    |
| 13. Total amount spent to support access for disabled youth<br>(maximum \$3,000 per youth): |  |       |       |       |    |
| 14. Total revenue from INAC   |  |       |       |       |    |
| 15. Revenue from other sources (if applicable)  |  |       |       |       |    |

The information provided is accurate to the best of my knowledge

|              |        |
|--------------|--------|
| Prepared by: | Title: |
| Signature:   | Date:  |

# Youth Work Experience Program Evaluation Report

**DUE: MARCH 31**  
page 1 of 2

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

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

**A Youth Needs Assessment report for each youth participant (see page 18) must be attached to this form:**

**Please provide the following:**

- description of the work experience opportunities.

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- A list of employers/ organizations who participated in this program.

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- What employability skills did the youth learn?

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- Were the youths' existing skills enhanced? If so, how?

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# Youth Work Experience Program Youth Needs Assessment Report

## DUE: MARCH 31

page 1 of 2  
Fiscal Year 20\_\_ - 20\_\_

**Instructions:**

A Youth Needs Assessment Report must be completed for each youth participant, and each participant report is to be submitted to INAC with the final activity and evaluation reports for the Youth Work Experience program:

- **Parts A & B** are to be completed upon intake / selection of the youth for a work experience opportunity.
- **Part C** is to be completed upon termination / completion of the work experience opportunity.

**COORDINATOR to complete upon intake/selection**

| A CLIENT INFORMATION   |
|--|
| 1. Surname _____ Given Name(s) _____   |
| 2. Social Insurance Number ____ - ____ - ____<br><i>(If you do not have a SIN, you MUST obtain one before the end of the program. Application must be made prior to start of program)</i>                    |
| 3. ? Male      ? Female  |
| 4. Age _____   |
| 5. Does the participant have a disability? ? Yes      ? No<br>If Yes, please state nature of disability _____  |
| 6. What was the highest grade level of education completed?<br>? Less than Secondary<br>? Some Secondary<br>? Secondary Graduation<br>? Some Post-Secondary<br>? Post Secondary Graduation<br>? Other? _____ |
| 7. What year was the highest level of education completed (yyyy)?  |
| 8. Employment Status at Start of Program<br>? Employed: type of employment? _____<br>? Unemployed<br>? Student attending school  |
| 9. If unemployed:<br>Plan on returning to school?      ? Yes      ? No<br>Actively searching for employment?      ? Yes      ? No  |

**COORDINATOR to complete upon intake/selection**

| B ACTION PLAN  |                                 |
|--|---------------------------------|
| 10. Does the youth meet the all of the basic eligibility criteria for the Youth Work Experience Program? |                                 |
| Between 15 and 30 years of age (inclusive)   | ? Yes                      ? No |
| No longer in School / Unemployed / Underemployed   | ? Yes                      ? No |
| 11. Anticipated Program Start Date (DD/MM/YYYY):   | _____                           |
| 12. Anticipated Finish Date (DD/MM/YYYY):  | _____                           |

**COORDINATOR to complete upon completion / termination of the program**

| C YOUTH OUTCOMES                               |                                      |
|--|--------------------------------------|
| 13. Program Start Date (DD/MM/YYYY):           | _____                                |
| 14. Did the youth complete the program?        | ? Yes      ? No                      |
| 15. If <b>no</b> , please complete the below:  |                                      |
| Date of Termination (DD/MM/YYYY):              | _____                                |
| Reason(s):                                     | ? Did not follow through             |
|  | ? Found a job                        |
|  | ? Moved                              |
|  | ? No longer searching for employment |
|  | ? Returned to school                 |
|  | ? Other? _____                       |
| 16. If <b>yes</b> , please complete the below: |                                      |
| Date of Completion (DD/MM/YYYY):               | _____                                |
| Participant is now:                            | ? Searching for Employment           |
|  | ? Making Career Decisions            |
|  | ? Skills Enhancement                 |
|  | ? Found a Job                        |
|  | ? Returned to School                 |
|  | ? Not Employed                       |
|  | ? Other? _____                       |

The information provided is accurate to the best of my knowledge

|              |        |
|--------------|--------|
| Prepared by: | Title: |
| Signature:   | Date:  |

TPMS RR CODE: 180



# **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 E.

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

# SOCIAL DEVELOPMENT

## For First Nations Funded on a REIMBURSEMENT BASIS:

### WHAT'S NEW

As suggested by several operators of Family Violence Shelters, the following questions have been added to the form to reflect services currently provided by shelters:

- ? How many men were referred to other agencies?
- ? How many men received non-residential services provided by the shelters?
- ? Please list the number and types of programs being provided by the shelters (for example, anger management, couples management, counseling)

|  |    |
|--|----|
| <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:                    |    |
| Day Care Facilities/Head Start Program Annual Report .....                         | 20 |
| Community Social Services Projects Annual Report .....                             | 22 |

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

## SOCIAL DEVELOPMENT

### For First Nations Funded on a REIMBURSEMENT Basis

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#### SOCIAL ASSISTANCE MONTHLY REPORT(S)

**DUE DATE:** Due monthly, the date will vary from region to region. Please contact your INAC 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 INAC 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 INAC 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

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#### 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 INAC 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 for each program 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 areas of child nutrition; cultural enrichment; child care; supports for working parents; home work transitions and enhanced income benefits for low-income families with children under the age of majority of the relevant province/territory.
- ? **Activity Areas Targeted in this Report:** Indicate which of the five activity areas listed were targeted in this report. More than one may be checked.
- ? **Purpose of Program:** Provide a short description of the objectives of each program.
- ? **Results or Accomplishments of Program:** Provide a description of the results or accomplishments of the program as compared to the original objectives.
- ? **Number of Families and Children:** Provide the number of families and children under the age of 18 who benefited from NCB reinvestment program.

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

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

**NATIONAL CHILD BENEFIT (NCB)  
FIRST NATIONS ANNUAL REPORT ON REINVESTMENT**  
First Nations Funded Social Assistance on a REIMBURSEMENT Basis

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

|  |   |
|--|---|
| First Nation name  | First Nation number   |
| Name of reinvestment program developed:<br>_____   | Annual amount of reinvestment fund<br>\$ _____                    |
| ? new or ? continuing  |   |
| Please check which one or more of the five activity areas were targeted in this report:<br>? Child Nutrition ? Child Care ? Support for Parents ? Home Work Transition ? Cultural Enrichment |   |
| Purpose of Program   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
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|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| No. of families who benefited from reinvestment program:   | No. of children under 18 who benefited from reinvestment program: |

The information provided is accurate to the best of my knowledge:

|            |           |      |
|------------|-----------|------|
| Name/Title | Signature | Date |
|            |           |      |

TPMS RR CODE: 0059

# SOCIAL DEVELOPMENT

## For First Nations Funded on a REIMBURSEMENT Basis

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### 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: | b. The type of care service: |
| - Voluntary Care Ward (V)        | - 02421 - Foster home        |
| - Temporary Care Ward (T)        | - 02422 - Group home         |
| - Permanent (Crown) Ward (P)     | - 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.

# CHILD AND FAMILY SERVICES MAINTENANCE MONTHLY REPORT

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

Administering First Nation or agency

arrangement number

period month/year

| Band No. | Beneficiary's Name | Beneficiary's Status Number | Beneficiary's Gender | Beneficiary's Date of Birth | Residence of Parent/Guardian On Reserve [Y/N] | Parent/Guardian Name | Beneficiary's CFS Status* | Type of Service (02420, 02421, 02422 - See below) | Date of Placement | Date of Departure | Per diem (Daily Rate) | Special Needs | No. of Days | Total Amount |
|----------|--------------------|-----------------------------|----------------------|-----------------------------|---|----------------------|---------------------------|---|-------------------|-------------------|-----------------------|---------------|-------------|--------------|
|          |                    |                             |                      |                             |   |                      |                           |   |                   |                   |                       |               |             |              |
|          |                    |                             |                      |                             |   |                      |                           |   |                   |                   |                       |               |             |              |
|          |                    |                             |                      |                             |   |                      |                           |   |                   |                   |                       |               |             |              |
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|          |                    |                             |                      |                             |   |                      |                           |   |                   |                   |                       |               |             |              |
|          |                    |                             |                      |                             |   |                      |                           |   |                   |                   |                       |               |             |              |
|          |                    |                             |                      |                             |   |                      |                           |   |                   |                   |                       |               |             |              |
|          |                    |                             |                      |                             |   |                      |                           |   |                   |                   |                       |               |             |              |
|          |                    |                             |                      |                             |   |                      |                           |   |                   |                   |                       |               |             |              |

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

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

**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: 0045



## **SOCIAL DEVELOPMENT**

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

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#### **SOCIAL SUPPORT SERVICES**

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

**DUE DATE:** Annually or twice-yearly. Contact the INAC 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

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#### 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

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#### 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   |                     |

The information provided is accurate to the best of my knowledge:

|             |       |
|-------------|-------|
| Prepared by | Title |
| Signature   | Date  |

TPMS RR CODE: 0051

## SOCIAL DEVELOPMENT

### For First Nations Funded on a REIMBURSEMENT Basis

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#### 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 INAC 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                       | <input type="checkbox"/> ? New or<br><input type="checkbox"/> ? Continuing from last year |
| Purpose of project                    |   |
| Activities                            |   |
| Schedule                              |   |
| Resources                             |   |
| Results or accomplishments of project |   |

The information provided is accurate to the best of my knowledge:

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

TPMS RR CODE: 0048



# SOCIAL DEVELOPMENT

## For First Nations Funded on a REIMBURSEMENT Basis

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### 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 INAC 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).

# FAMILY VIOLENCE SHELTERS ANNUAL REPORT

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

Page 1 of 2

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

|   |   |
|---|---|
| First Nation Name   | Band Number                               |
| Name of Emergency Shelter   | Project Haven Shelter?<br>? Yes      ? No |
| <b>How is the emergency shelter funded? (Check all that apply)</b><br><input type="checkbox"/> INAC Family Violence Prevention Initiative Transfer Payments <input type="checkbox"/> Other Government Department<br><input type="checkbox"/> Private Agency <input type="checkbox"/> Provincial Government<br><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 Centre <input type="checkbox"/> Family Resource Centre <input type="checkbox"/> Interim Housing<br><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 men were referred to other agencies?   |    |
| How many men received non-residential services provided by the shelters?                                  |    |
| 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 counselling, 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)? | \$              |

**SOCIAL SUPPORT SERVICES**

**FAMILY VIOLENCE SHELTERS ANNUAL REPORT (page 2 of 2)**

- ? Please list the number and types of programs being provided by the shelters (for example, anger management, couples management, counselling)
  
- ? Sign and date the form when completed.



# **SOCIAL DEVELOPMENT**

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

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### **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 INAC. Also show the total number of children in a day care/Head Start program during the year. Also provide the mailing address of each day care facility/Head Start Program.
  
- ? Sign and date the completed form.



## **SOCIAL DEVELOPMENT**

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

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### **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 INAC 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 INAC regional office.**

TPMS RR CODE: 0055

# SOCIAL DEVELOPMENT

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

### WHAT'S NEW

As suggested by several operators of Family Violence Shelters, the following questions have been added to the form to reflect services currently provided by shelters:

- ? How many men were referred to other agencies?
- ? How many men received non-residential services provided by the shelters?
- ? Please list the number and types of programs being provided by the shelters (for example, anger management, couples management, counseling)

|  |    |
|--|----|
| <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 |
| Day Care Facilities/Head Start Program Annual Report .....                         | 16 |
| Community Social Services Projects Annual Report .....                             | 18 |

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



# SOCIAL DEVELOPMENT

## Fixed Volume Alternative Funding Arrangements (AFA)

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### 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)**

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#### **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 INAC 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 for each program 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 areas of child nutrition; cultural enrichment; child care; supports for working parents; home work transitions and enhanced income benefits for low-income families with children under the age of majority of the relevant province/territory.
- ? **Activity Areas Targeted in this Report:** Indicate which of the five activity areas listed were targeted in this report. More than one may be checked.
- ? **Purpose of Program:** Provide a short description of the objectives of each program.
- ? **Results or Accomplishments of Program:** Provide a description of the results or accomplishments of the program as compared to the original objectives.
- ? **Number of Families and Children:** Provide the number of families and children under the age of 18 who benefited from NCB reinvestment program.

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

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

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

**First Nations Funded Social Assistance through Fixed Volume AFA**

For the Fiscal Year

|  |   |
|--|---|
| First Nation name  | First Nation number   |
| Name of reinvestment program developed:<br><br>_____   | Annual amount of reinvestment fund<br><br>\$ _____                |
| ? new <b>or</b> ? continuing   |   |
| Please check which one or more of the five activity areas were targeted in this report:<br><br>? Child Nutrition ? Child Care ? Support for Parents ? Home Work Transition ? Cultural Enrichment |   |
| Purpose of Program   |   |
|  |   |
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|  |   |
|  |   |
| No. of families who benefited from reinvestment program:   | No. of children under 18 who benefited from reinvestment program: |

The information provided is accurate to the best of my knowledge:

|            |           |      |
|------------|-----------|------|
| Name/Title | Signature | Date |
|            |           |      |

TPMS RR CODE: 0059

## **SOCIAL DEVELOPMENT**

### **Fixed Volume Alternative Funding Arrangements (AFA)**

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#### **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 |
|----------|--------------------|-----------------------------|----------------------|-----------------------------|--|------------------------|---------------------------------|--|--------------------------|-------------------|-----------------------|---------------|-------------|--------------|
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
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|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |
|          |                    |                             |                      |                             |  |                        |                                 |  |                          |                   |                       |               |             |              |

**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)**

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#### **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 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   |                     |

The information provided is accurate to the best of my knowledge:

|             |       |
|-------------|-------|
| Prepared by | Title |
| Signature   | Date  |

TPMS RR CODE: 0051



## **SOCIAL DEVELOPMENT**

### **Fixed Volume Alternative Funding Arrangements (AFA)**

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#### **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 INAC regional office.

#### **INSTRUCTIONS**

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

# FAMILY VIOLENCE PROJECTS ANNUAL REPORT

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

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

|                                       |   |
|---------------------------------------|---|
| First Nation name                     | First Nation number   |
| Name of project                       | <input type="checkbox"/> ? New or<br><input type="checkbox"/> ? Continuing from last year |
| Purpose of project                    |   |
| Activities                            |   |
| Schedule                              |   |
| Resources                             |   |
| Results or accomplishments of project |   |

The information provided is accurate to the best of my knowledge:

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

TPMS RR CODE: 0048

# SOCIAL DEVELOPMENT

## Fixed Volume Alternative Funding Arrangements (AFA)

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### 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 INAC 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).

# 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>? Yes      ? No |
| <b>How is the emergency shelter funded? (Check all that apply)</b><br><input type="checkbox"/> INAC Family Violence Prevention Initiative Transfer Payments <input type="checkbox"/> Other Government Department<br><input type="checkbox"/> Private Agency <input type="checkbox"/> Provincial Government<br><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<br><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 men were referred to other agencies?  |   |
| How many men received non-residential services provided by the shelters?   |   |
| 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)?  | \$  |

## **SOCIAL DEVELOPMENT**

### **Fixed Volume Alternative Funding Arrangements (AFA)**

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#### **SOCIAL SUPPORT SERVICES**

#### **FAMILY VIOLENCE SHELTERS ANNUAL REPORT (page 2 of 2)**

- ? Please list the number and types of programs being provided by the shelters (for example, anger management, couples management, counselling)
  
- ? Sign and date the form when completed.



## **SOCIAL DEVELOPMENT**

### **Fixed Volume Alternative Funding Arrangements (AFA)**

---

#### **SOCIAL SUPPORT SERVICES**

#### **DAY CARE FACILITIES / HEAD START PROGRAM**

#### **ANNUAL REPORT**

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

#### **INSTRUCTIONS**

- ? **Year/Band Name and Number:** Fill out the year for which the report is made, and the name and number of the band responsible for administering the day care facility/Head Start program.
- ? **Address/Number of Centre(s):** Show the total number of day care centres or Head Start programs and day care places funded by INAC. 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.





## **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 INAC regional office.

**Community Social Services Projects**

**Reports Are Regional Specific.**

**\*Contact Your Inac Regional Office.**

TPMS RR CODE: 0055

# 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):

### WHAT'S NEW

As suggested by several operators of Family Violence Shelters, the following questions have been added to the form to reflect services currently provided by shelters:

- ? How many men were referred to other agencies?
- ? How many men received non-residential services provided by the shelters?
- ? Please list the number and types of programs being provided by the shelters (for example, anger management, couples management, counseling)

|  |    |
|--|----|
| <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 |
| Day Care Facilities/Head Start Program Annual Report .....                         | 20 |
| Community Social Services Projects Annual Report .....                             | 22 |

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

# SOCIAL DEVELOPMENT

## Fixed Volume FTA/CFNFA/DFNFA

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### 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         |   |  |  |   |  |  |
| <b>Totals</b>                   |   |  |  |   |  |  |

(Note: Annual Monthly Average - Total annual caseload divided by 12, where the caseload is expressed in monthly equivalents; e.g., if on SA for more than 14 days include the recipient in 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  |

**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 INAC 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 for each program 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 areas of child nutrition; cultural enrichment; child care; supports for working parents; home work transitions and enhanced income benefits for low-income families with children under the age of majority of the relevant province/territory.
- ? **Activity Areas Targeted in this Report:** Indicate which of the five activity areas listed were targeted in this report. More than one may be checked.
- ? **Purpose of Program:** Provide a short description of the objectives of each program.
- ? **Results or Accomplishments of Program:** Provide a description of the results or accomplishments of the program as compared to the original objectives.
- ? **Number of Families and Children:** Provide the number of families and children under the age of 18 who benefited from NCB reinvestment program.

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

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

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

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

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

|  |   |
|--|---|
| First Nation name  | First Nation number   |
| Name of reinvestment program developed:<br><br>_____   | Annual amount of reinvestment fund<br><br>\$ _____                |
| ? new or ? continuing  |   |
| Please check which one or more of the five activity areas were targeted in this report:<br><br>? Child Nutrition ? Child Care ? Support for Parents ? Home Work Transition ? Cultural Enrichment |   |
| Purpose of Program   |   |
|  |   |
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|  |   |
|  |   |
| No. of families who benefited from reinvestment program:   | No. of children under 18 who benefited from reinvestment program: |

The information provided is accurate to the best of my knowledge:

|            |           |      |
|------------|-----------|------|
| Name/Title | Signature | Date |
|            |           |      |

# SOCIAL DEVELOPMENT

## Fixed Volume FTA/CFNFA/DFNFA

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### 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.

# 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 that were 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

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### SOCIAL SUPPORT SERVICES CHILD AND FAMILY SERVICES OPERATIONAL REPORT

**Due Date:** Annually or twice-yearly. Contact the INAC 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.

# CHILD AND FAMILY SERVICES OPERATIONAL REPORT

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

|  |                      |                      |  |                      |                      |
|--|----------------------|----------------------|--|----------------------|----------------------|
| Administering First Nation                               |                      |                      | Arrangement Number                     |                      |                      |
| Period Month/Year  |                      |                      |  |                      |                      |
| <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                                   |                      |                      |

TPMS RR CODE: 0044

## **SOCIAL DEVELOPMENT**

### **Fixed Volume FTA/CFNFA/DFNFA**

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#### **SOCIAL SUPPORT SERVICES**

#### **ADULT SERVICES ANNUAL REPORT**

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

#### **INSTRUCTIONS**

- ? **Band Name/Number/Period:** Fill in the name of the band or agency responsible for administering the adult care program. Indicate the monthly period and the year for which the report is being completed.
- ? **Beneficiary Information:** Insert the beneficiary's status number, gender and date of birth for each adult presently in care.
- ? **Recipient/Data Summary:** Provide a summary of adult care recipient data according to the total number of cases, hours and days in care.
- ? Sign and date the completed form.

# ADULT SERVICES ANNUAL REPORT

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

|                                      |                    |
|--------------------------------------|--------------------|
| Administering First Nation or Agency | Arrangement Number |
|--------------------------------------|--------------------|

|                   |
|-------------------|
| Period Month/Year |
|-------------------|

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

**Recipient/Data Summary**

| Service | Description  | Total Number of Recipients in Care as of March 31 | Total Number of Days (Annual Cumulative) as of March 31 |
|---------|--|---|---|
| 2440    | <b>In-Home Care Services</b>                       |   |   |
|         | Homemakers Services<br>Other In-home Care Services |   |   |
| 2441    | <b>Institutional Care</b>                          |   |   |
|         | Type I On-Reserve<br>Type I Off-Reserve            |   |   |
| 2442    | Type II On-Reserve<br>Type II Off-Reserve          |   |   |
|         |  |   |   |
| 2443    | <b>Foster Care</b>                                 |   |   |
|         | On-Reserve<br>Off-Reserve                          |   |   |

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

TPMS RR CODE: 0052

## SOCIAL DEVELOPMENT

Fixed Volume FTA/CFNFA/DFNFA

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### 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  | ? New <b>or</b><br>? Continuing from last year |
| 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   |  |

The information provided is accurate to the best of my knowledge:

|             |       |
|-------------|-------|
| Prepared by | Title |
| Signature   | Date  |

TPMS RR CODE: 0051

# SOCIAL DEVELOPMENT

## Fixed Volume FTA/CFNFA/DFNFA

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### 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 INAC 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                       | <input type="checkbox"/> New or<br><input type="checkbox"/> Continuing from last year |
| Purpose of project                    |   |
| Activities                            |   |
| Schedule                              |   |
| Resources                             |   |
| Results or accomplishments of project |   |

The information provided is accurate to the best of my knowledge:

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

TPMS RR CODE: 0048



## 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 INAC 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).

# FAMILY VIOLENCE SHELTERS ANNUAL REPORT

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

Page 1 of 2

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

|   |   |
|---|---|
| First Nation Name   | Band Number                               |
| Name of Emergency Shelter   | Project Haven Shelter?<br>? Yes      ? No |
| <p><b>How is the emergency shelter funded? (Check all that apply)</b></p> <p>? INAC Family Violence Prevention Initiative Transfer Payments      ? Other Government Department</p> <p>? Private Agency      ? Provincial Government</p> <p>? Other (specify): _____</p>   |   |
| <p><b>Who operates the emergency shelter?</b></p> <p>? Band Operated      ? Corporation      ? Provincial/Private Agency</p>  |   |
| <p><b>Does the shelter support or provide any of the services below? (Check all that apply)</b></p> <p>? Second Stage Housing      ? Transition House      ? Safe Home Network      ? Satellite</p> <p>? Women Emergency Centre      ? Family Resource Centre      ? Interim Housing</p> <p>? Other (specify) _____</p> |   |
| <p><b>For the fiscal year being reported:</b></p>   |   |
| 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 men were referred to other agencies?   |   |
| How many men received non-residential services provided by the shelters?  |   |
| 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 counselling, but who did not stay overnight?   |   |
| What were the total annual costs related to this shelter?   | \$  |
| <p><b>If the shelter opened during this fiscal year:</b></p>  |   |
| What is the actual or estimated start-up date?  | ____ / ____ / ____                        |
| What is the start-up cost (one-time cost associated with setting up the shelter)?   | \$  |

## **SOCIAL DEVELOPMENT**

**Fixed Volume FTA/CFNFA/DFNFA**

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### **SOCIAL SUPPORT SERVICES**

#### **FAMILY VIOLENCE SHELTERS ANNUAL REPORT (page 2 of 2)**

- ? Please list the number and types of programs being provided by the shelters (for example, anger management, couples management, counselling)
  
- ? Sign and date the form when completed.



# **SOCIAL DEVELOPMENT**

## **Fixed Volume FTA/CFNFA/DFNFA**

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### **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 INAC. 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.



## **SOCIAL DEVELOPMENT**

**Fixed Volume FTA/CFNFA/DFNFA**

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### **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 INAC regional office.

**COMMUNITY SOCIAL SERVICES PROJECTS  
FOR FIRST NATIONS FUNDED ON A FIXED VOLUME FTA/CFNFA/DFNFA BASIS.  
REPORTS ARE REGIONAL SPECIFIC.**

**\*CONTACT YOUR INAC REGIONAL OFFICE.**

TPMS RR CODE: 0055

# INDIAN GOVERNMENT SUPPORT

## WHAT'S NEW

- ? 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 (BSF) in 2004-2005, annual updates to IGS data continue to be required to determine the way in which this additional funding may be provided. 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 as 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. Bands will require increased allocations to BSF due to the new Special Education Program. This would be included with Education under base services on the BSF Application for Grant. Also, under base services, Major Capital includes projects of more than 1.5M.
- ? Applications for Band Support Funding (BSF) and Tribal Council Funding (TCF): these applications have been removed from funding arrangements and, subsequently, the FNNRG, as BSF and TCF budgets are set at the very start of the arrangement, based upon receipt of acceptable applications. The structure of the funding agreements is such that they deal with the program delivery and reporting obligations (FNNRG) of First Nations and Tribal Councils once application requirements have been met and funding approved and transferred.
- ? Band Advisory Services Annual Report: For those large First Nations whose on-reserve status Indian populations are greater than 2,000, who are not affiliated with a tribal council and who are providing advisory services, a new report has been developed. The report standardizes existing reporting requirements with tribal council reporting requirements and will assist in ensuring that the overall results of expenditures of programs and services are clearly documented and reported. The report will also help First Nations assess their advisory services performance and compare their results with other First Nations and tribal councils.

## TRIBAL COUNCIL FUNDING (TCF)

Tribal Council Program Annual Report ..... 2

## BAND ADVISORY SERVICES (For Large Bands Not Affiliated with a Tribal Council)

Eligible Unaffiliated Large Band Advisory Services Annual Report ..... 11

**INDIAN / INUIT MANAGEMENT DEVELOPMENT (IIMD) PROGRAM PROPOSAL ..... 19**

## BAND EMPLOYEE BENEFITS (BEB) PROGRAM

Application for Band Employee Benefits Funding (CFA only) ..... 20

List of Eligible Employees (CFA only) ..... 22

Pension Plan Funding Annual Report ..... 24

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 2004-2005, Volume II: Reference, Tab F. Additional information can be obtained at your INAC regional office (See Tab A of this volume).



## INDIAN GOVERNMENT SUPPORT - TRIBAL COUNCIL FUNDING

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### 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. Band employee benefits and overhead should be included in these figures.

#### 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  $.6 \times \$20,000 = \$12,000$  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, includes 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 INAC'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 |
|-------------|-----------|-------------|-----------|
|             |           |             |           |
|             |           |             |           |
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|             |           |             |           |
|             |           |             |           |
|             |           |             |           |
|             |           |             |           |

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?        | \$ |

The information provided is accurate to the best of my knowledge:

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

**A. Advisory Services: BAND GOVERNMENT**

Purpose: To develop the capacity to operate effective and transparent government administrations by assisting, advising and training member FNs in a broad range of band government activities such as:

- ? administration functions;
- ? governing structures, strategic planning and problem solving;
- ? operational procedures, by-laws and policies;
- ? Section 74 and Band Custom Elections and referenda, election codes, conflict of interest codes and codes of conduct;
- ? management training, orientation and development programs for elected members and managers;
- ? interpreting the *Indian Act* for members and membership registration.

For the Fiscal Year being reported:

|  |   |          |          |          |  |             |          |                        |  |          |
|--|---|----------|----------|----------|--|-------------|----------|------------------------|--|----------|
| Approximately how many FTEs were used for Band Government Advisory Services?                         |   |          |          |          |  |             |          |                        |  |          |
| What was the TC budget used for these advisory services?   | \$  |          |          |          |  |             |          |                        |  |          |
| Approximately what portion of this budget was used for advise, expertise or assistance provided by ? | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">TC staff</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify): _____</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table> |          | TC staff | \$ _____ |  | Consultants | \$ _____ | Other (specify): _____ |  | \$ _____ |
|  | TC staff  | \$ _____ |          |          |  |             |          |                        |  |          |
|  | Consultants   | \$ _____ |          |          |  |             |          |                        |  |          |
| Other (specify): _____   |   | \$ _____ |          |          |  |             |          |                        |  |          |
| How many of the below were developed by the TC in consultation with or on behalf of FNs?             | # of  |          |          |          |  |             |          |                        |  |          |
| - management development plans   |   |          |          |          |  |             |          |                        |  |          |
| - human resource management plans  |   |          |          |          |  |             |          |                        |  |          |
| - management self-assessments  |   |          |          |          |  |             |          |                        |  |          |
| - performance reviews were developed   |   |          |          |          |  |             |          |                        |  |          |
| - election codes were developed  |   |          |          |          |  |             |          |                        |  |          |
| - by-law codes   |   |          |          |          |  |             |          |                        |  |          |
| - agreements with neighbouring communities   |   |          |          |          |  |             |          |                        |  |          |
| - policies (e.g. procedures for conducting band or community meetings)                               |   |          |          |          |  |             |          |                        |  |          |
| How many specific claims were researched by the TC on behalf of member FNs?                          |   |          |          |          |  |             |          |                        |  |          |
| How many FNs did TC assist with conducting elections or referenda?                                   |   |          |          |          |  |             |          |                        |  |          |
| How many orientations did TC conduct for newly elected members?                                      |   |          |          |          |  |             |          |                        |  |          |
| How many certifications were issued at TC-coordinated Band Government training sessions?             |   |          |          |          |  |             |          |                        |  |          |
| Other Band Government Advisory activities?   |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
| Please describe the overall results of this advisory services' activity:                             |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |
|  |   |          |          |          |  |             |          |                        |  |          |

**A. Advisory Services: FINANCIAL MANAGEMENT**

Purpose: To build effective financial management capacities in FNs by assisting, advising and training member FNs in a broad range of financial services areas such as:

- ? planning, reporting and system development;
- ? capital financing and liaison with financial institutions;
- ? formulating, drafting and implementing financial management policies, procedures and by-laws;
- ? establishing budgets and financial management policies;
- ? debt consolidation, remedial management and repayment plans; and
- ? personnel recruitment and selection.

For the Fiscal Year being reported:

|   |   |          |          |          |  |             |          |                        |  |          |
|---|---|----------|----------|----------|--|-------------|----------|------------------------|--|----------|
| <u>Approximately</u> how many FTEs were used for Financial Management Advisory Services?                    |   |          |          |          |  |             |          |                        |  |          |
| What was the budget used for these advisory services?   | \$  |          |          |          |  |             |          |                        |  |          |
| <u>Approximately</u> what portion of this budget was used for advise, expertise or assistance provided by ? | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">TC staff</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify): _____</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table> |          | TC staff | \$ _____ |  | Consultants | \$ _____ | Other (specify): _____ |  | \$ _____ |
|   | TC staff  | \$ _____ |          |          |  |             |          |                        |  |          |
|   | Consultants   | \$ _____ |          |          |  |             |          |                        |  |          |
| Other (specify): _____  |   | \$ _____ |          |          |  |             |          |                        |  |          |
| How many certifications were issued at TC-coordinated financial management training sessions?               |   |          |          |          |  |             |          |                        |  |          |
| How many FNs did the TC assist with the below:  | # of FNs assisted   |          |          |          |  |             |          |                        |  |          |
| - audited financial statements  |   |          |          |          |  |             |          |                        |  |          |
| - financial by-laws   |   |          |          |          |  |             |          |                        |  |          |
| - internal audit systems  |   |          |          |          |  |             |          |                        |  |          |
| - accountability policies   |   |          |          |          |  |             |          |                        |  |          |
| - approved funding proposals  |   |          |          |          |  |             |          |                        |  |          |
| - band-initiated remedial management plans  |   |          |          |          |  |             |          |                        |  |          |
| - co-management remedial management plans   |   |          |          |          |  |             |          |                        |  |          |
| - third party remedial management plans?  |   |          |          |          |  |             |          |                        |  |          |
| - negotiating arrangements with private financial institutions  |   |          |          |          |  |             |          |                        |  |          |
| Other Financial Management Advisory activities?   |   |          |          |          |  |             |          |                        |  |          |
|   |   |          |          |          |  |             |          |                        |  |          |
| Please describe the overall results of this advisory services' activity:                                    |   |          |          |          |  |             |          |                        |  |          |
|   |   |          |          |          |  |             |          |                        |  |          |



**A. Advisory Services: COMMUNITY PLANNING**

Purpose: To promote sustainable social, economic and physical development in First Nation (FNs) communities by assisting, advising and training member FNs in a broad range of community planning activities such as:

- ? formulating, planning, implementing and maintaining community development strategies;
- ? producing and/or analysing studies, inventories, social analyses, impact assessments on the development and use of the community resources; and
- ? building human resource capacity.

For the Fiscal Year being reported:

|  |   |          |          |             |          |                        |          |
|--|---|----------|----------|-------------|----------|------------------------|----------|
| Approximately how many FTEs were used for Community Planning Advisory Services?                      |   |          |          |             |          |                        |          |
| What was the budget used for these advisory services?  | \$  |          |          |             |          |                        |          |
| Approximately what portion of this budget was used for advise, expertise or assistance provided by ? | <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">TC staff</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Consultants</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify): _____</td> <td>\$ _____</td> </tr> </table> | TC staff | \$ _____ | Consultants | \$ _____ | Other (specify): _____ | \$ _____ |
| TC staff   | \$ _____  |          |          |             |          |                        |          |
| Consultants  | \$ _____  |          |          |             |          |                        |          |
| Other (specify): _____   | \$ _____  |          |          |             |          |                        |          |
| How many of the below were developed by the TC in consultation with or on behalf of FNs?             | # of  |          |          |             |          |                        |          |
| - physical development plans, including land use and facilities plans                                |   |          |          |             |          |                        |          |
| - comprehensive community plans  |   |          |          |             |          |                        |          |
| - five-year capital plans  |   |          |          |             |          |                        |          |
| How many studies, inventories and social analyses were conducted or analysed?                        |   |          |          |             |          |                        |          |
| How many impact assessments were delivered on the development and use of community resources?        |   |          |          |             |          |                        |          |
| How many certifications were issued at TC-coordinated Community Planning training sessions?          |   |          |          |             |          |                        |          |
| How many recreation, social or cultural centres are in the FN Communities affiliated with the TC?    |   |          |          |             |          |                        |          |
| Other Community Planning Advisory activities?  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
| Please describe the overall results of this advisory services' activity:                             |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
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|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |
|  |   |          |          |             |          |                        |          |

**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 advise, expertise or assistance provided by ?                                    | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">TC staff</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify): _____</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table> |          | TC staff | \$ _____ |  | Consultants | \$ _____ | Other (specify): _____ |  | \$ _____ |
|   | TC staff  | \$ _____ |          |          |  |             |          |                        |  |          |
|   | Consultants   | \$ _____ |          |          |  |             |          |                        |  |          |
| Other (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:    |    |
|   |    |
|   |    |
|   |    |
|   |    |
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|   |    |
|   |    |

## INDIAN GOVERNMENT SUPPORT - BAND ADVISORY SERVICES

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### ELIGIBLE UNAFFILIATED LARGE BAND ADVISORY SERVICES ANNUAL REPORT

#### INSTRUCTIONS

**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 idea of the resources required to fulfill band responsibilities. Band employee benefits and overhead should be included in these figures.

#### 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  $.6 \times \$20,000 = \$12,000$  was used for this project from the Band staff budget.

Notes: 1. The maximum number of days per year will vary per employee contract.

2. As indicated in the 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 Band Advisory Funding Program Procedures and Directive, 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 INAC'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.

## ELIGIBLE UNAFFILIATED LARGE BAND ADVISORY SERVICES ANNUAL REPORT

Note: the purpose statements, examples and indicators contained in this report reflect a broad cross-section of band activities and practices across the country. Bands 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.

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

For the Fiscal Year being reported:

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

The information provided is accurate to the best of my knowledge:

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

TPMS RR CODE: 0061

### A. Advisory Services: BAND GOVERNMENT

Purpose: To develop the capacity to operate an effective and transparent government administrations by assisting, advising and training Band staff and elected members in a broad range of band government activities such as:

- ? administration functions;
- ? governing structures, strategic planning and problem solving;
- ? operational procedures, by-laws and policies;
- ? Section 74 and Band Custom Elections and referenda, election codes, conflict of interest codes and codes of conduct;
- ? management training, orientation and development programs for elected members and managers;
- ? interpreting the *Indian Act* for Band staff and elected members and membership registration.

For the Fiscal Year being reported:

|   |  |          |            |          |  |             |          |                         |  |          |
|---|--|----------|------------|----------|--|-------------|----------|-------------------------|--|----------|
| <u>Approximately</u> how many FTEs were used for Band Government Advisory Services?                         |  |          |            |          |  |             |          |                         |  |          |
| What was the Band budget used for these advisory services?  | \$   |          |            |          |  |             |          |                         |  |          |
| <u>Approximately</u> what portion of this budget was used for advise, expertise or assistance provided by ? | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">Band staff</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify) : _____</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table> |          | Band staff | \$ _____ |  | Consultants | \$ _____ | Other (specify) : _____ |  | \$ _____ |
|   | Band staff   | \$ _____ |            |          |  |             |          |                         |  |          |
|   | Consultants  | \$ _____ |            |          |  |             |          |                         |  |          |
| Other (specify) : _____   |  | \$ _____ |            |          |  |             |          |                         |  |          |
| How many of the following were developed by the Band?   | # of   |          |            |          |  |             |          |                         |  |          |
| - management development plans  |  |          |            |          |  |             |          |                         |  |          |
| - human resource management plans   |  |          |            |          |  |             |          |                         |  |          |
| - management self-assessments   |  |          |            |          |  |             |          |                         |  |          |

|  |  |
|--|--|
| - performance reviews were developed   |  |
| - election codes were developed  |  |
| - by-law codes   |  |
| - agreements with neighbouring communities   |  |
| - policies (e.g. procedures for conducting band or community meetings)                     |  |
| How many specific claims were researched by the Band?                                      |  |
| How many staff did the Band assist with conducting elections or referenda?                 |  |
| How many orientations did the Band conduct for newly elected chief and councilors?         |  |
| How many certifications were issued at Band-coordinated Band Government training sessions? |  |
| Other Band Government Advisory activities?   |  |
|  |  |
|  |  |
|  |  |
| Please describe the overall results of this advisory services activity:                    |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**A. Advisory Services: FINANCIAL MANAGEMENT**

Purpose: To build effective Band financial management capacities by assisting, advising and training involved staff in a broad range of financial services areas such as:

- ? planning, reporting and system development;
- ? capital financing and liaison with financial institutions;
- ? formulating, drafting and implementing financial management policies, procedures and by-laws;
- ? establishing budgets and financial management policies;
- ? debt consolidation, remedial management and repayment plans; and
- ? personnel recruitment and selection.

For the Fiscal Year being reported:

|  |  |          |            |          |  |             |          |                   |  |          |
|--|--|----------|------------|----------|--|-------------|----------|-------------------|--|----------|
| Approximately how many FTEs were used for Financial Management Advisory Services?                    |  |          |            |          |  |             |          |                   |  |          |
| What was the budget used for these advisory services?  | \$   |          |            |          |  |             |          |                   |  |          |
| Approximately what portion of this budget was used for advise, expertise or assistance provided by ? | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">Band staff</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify) :</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table> |          | Band staff | \$ _____ |  | Consultants | \$ _____ | Other (specify) : |  | \$ _____ |
|  | Band staff   | \$ _____ |            |          |  |             |          |                   |  |          |
|  | Consultants  | \$ _____ |            |          |  |             |          |                   |  |          |
| Other (specify) :  |  | \$ _____ |            |          |  |             |          |                   |  |          |
| How many certifications were issued at Band-coordinated financial management training sessions?      |  |          |            |          |  |             |          |                   |  |          |
| How many councilors and staff did the Band assist with the following :                               | # assisted   |          |            |          |  |             |          |                   |  |          |
| - audited financial statements   |  |          |            |          |  |             |          |                   |  |          |
| - financial by-laws  |  |          |            |          |  |             |          |                   |  |          |
| - internal audit systems   |  |          |            |          |  |             |          |                   |  |          |
| - accountability policies  |  |          |            |          |  |             |          |                   |  |          |
| - approved funding proposals   |  |          |            |          |  |             |          |                   |  |          |

|   |  |
|---|--|
| - band-initiated remedial management plans                              |  |
| - co-management remedial management plans                               |  |
| - third party remedial management plans?                                |  |
| - negotiating arrangements with private financial institutions          |  |
| Other Financial Management Advisory activities?                         |  |
|   |  |
|   |  |
|   |  |
| Please describe the overall results of this advisory services activity: |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

**A. Advisory Services: ECONOMIC DEVELOPMENT**

Purpose: To support the economic sustainability of communities and the enhancement of quality of life by assisting, advising and training Band staff and elected members in a broad range of economic development areas such as:

- ? formulating, drafting, planning and implementing of economic strategies;
- ? business plan and funding proposal preparation;
- ? setting up and operating economic development corporations and joint ventures;
- ? networking activities
- ? activities that support on-reserve economic development (e.g. tourism, natural resources such as fishing, oil, gas, forestry)

**Note: This form does not apply to reporting requirements pertaining to the Community Economic Development Program (CEDP) funded by INAC.**

For the Fiscal Year being reported:

|  |  |          |            |          |  |             |          |                         |  |          |
|--|--|----------|------------|----------|--|-------------|----------|-------------------------|--|----------|
| Approximately how many FTEs were used for Economic Development Advisory Services?                    |  |          |            |          |  |             |          |                         |  |          |
| What was the budget used for these advisory services?  | \$   |          |            |          |  |             |          |                         |  |          |
| Approximately what portion of this budget was used for advise, expertise or assistance provided by ? | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">Band staff</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify) : _____</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table> |          | Band staff | \$ _____ |  | Consultants | \$ _____ | Other (specify) : _____ |  | \$ _____ |
|  | Band staff   | \$ _____ |            |          |  |             |          |                         |  |          |
|  | Consultants  | \$ _____ |            |          |  |             |          |                         |  |          |
| Other (specify) : _____  |  | \$ _____ |            |          |  |             |          |                         |  |          |
| How many of the following were developed by the Band and submitted for funding?                      | # of   |          |            |          |  |             |          |                         |  |          |
| - business plans   |  |          |            |          |  |             |          |                         |  |          |
| - economic development projects, plans or strategies   |  |          |            |          |  |             |          |                         |  |          |
| - business proposals meeting departmental requirements   |  |          |            |          |  |             |          |                         |  |          |
| How many feasibility assessments and/or market research activities were conducted?                   |  |          |            |          |  |             |          |                         |  |          |
| How many certifications were issued at Band-coordinated economic development training sessions?      |  |          |            |          |  |             |          |                         |  |          |
| Other Economic Development Advisory activities?  |  |          |            |          |  |             |          |                         |  |          |
|  |  |          |            |          |  |             |          |                         |  |          |
|  |  |          |            |          |  |             |          |                         |  |          |
|  |  |          |            |          |  |             |          |                         |  |          |

Please describe the overall results of this advisory services' activity:

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**A. Advisory Services: COMMUNITY PLANNING**

Purpose: To promote sustainable social, economic and physical development in First Nation (FNs) communities by assisting, advising and training Band staff and elected members in a broad range of community planning activities such as:

- ? formulating, planning, implementing and maintaining community development strategies;
- ? producing and/or analysing studies, inventories, social analyses, impact assessments on the development and use of the community resources; and
- ? building human resource capacity.

For the Fiscal Year being reported:

|  |   |
|--|---|
| Approximately how many FTEs were used for Community Planning Advisory Services?                      |   |
| What was the budget used for these advisory services?  | \$  |
| Approximately what portion of this budget was used for advise, expertise or assistance provided by ? | Band staff \$ _____<br>Consultants \$ _____<br>Other (specify) : _____ \$ _____ |
| How many of the below were developed by the Band?  | # of  |
| - physical development plans, including land use and facilities plans                                |   |
| - comprehensive community plans  |   |
| - five-year capital plans  |   |
| How many studies, inventories and social analyses were conducted or analysed?                        |   |
| How many impact assessments were delivered on the development and use of community resources?        |   |
| How many certifications were issued at Band-coordinated Community Planning training sessions?        |   |
| How many recreation, social or cultural centres are in the Band?                                     |   |
| Other Community Planning Advisory activities?  |   |
| <hr/> <hr/> <hr/>  |   |
| Please describe the overall results of this advisory services activity:                              |   |
| <hr/> <hr/> <hr/> <hr/> <hr/>  |   |

**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 Band staff and elected members 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 advise, expertise or assistance provided by ?  | Band staff              | \$ _____ |
|   | Consultants             | \$ _____ |
|   | Other (specify) : _____ | \$ _____ |
| How many of the following were developed by the Band, 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 Band-coordinated technical training sessions ( e.g. water quality & sewage)?                         |                         |          |
| How many fire prevention and protection program did the Band conduct?   |                         |          |
| Other Technical Services Advisory activities?   |                         |          |
| Please describe the overall results of this advisory services activity:   |                         |          |
|   |                         |          |
|   |                         |          |
|   |                         |          |

**A. Advisory Services: OTHER ADVISORY SERVICES**

For those services not directly funded by other sources, please fill out a separate table for each service checked.

|   |   |
|---|---|
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Communication          |
| <input type="checkbox"/> Legal Services         | <input type="checkbox"/> Other: _____ (specify) |

For the Fiscal Year being reported:

|  |  |            |          |             |          |                        |          |
|--|--|------------|----------|-------------|----------|------------------------|----------|
| <u>Approximately</u> how many FTEs were used for these services?   |  |            |          |             |          |                        |          |
| What was the budget used for these advisory services?  | \$ _____   |            |          |             |          |                        |          |
| What <u>approximate</u> portion of this budget was used for advice, expertise or assistance provided by ?  | <table border="0"> <tr> <td style="text-align: right;">Band staff</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Consultants</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Other: _____ (specify)</td> <td>\$ _____</td> </tr> </table> | Band staff | \$ _____ | Consultants | \$ _____ | Other: _____ (specify) | \$ _____ |
| Band staff   | \$ _____   |            |          |             |          |                        |          |
| Consultants  | \$ _____   |            |          |             |          |                        |          |
| Other: _____ (specify)   | \$ _____   |            |          |             |          |                        |          |
| Please identify the relevant indicators for each of the "other advisory services":<br>?<br>?<br>?<br>?<br>?<br>?<br>?  |  |            |          |             |          |                        |          |
| Please describe the overall results of this advisory services activity:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |  |            |          |             |          |                        |          |

**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, eBand.

For the Fiscal Year being reported:

|  |          |
|--|----------|
| <u>Approximately</u> 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), eBand.

For the Fiscal Year being reported:

|   |          |
|---|----------|
| <u>Approximately</u> 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. Band Management, Administration and General Development**

Bands perform general management and administration of activities including:

- ? coordinating regular meetings of chief and council;
- ? managing the delivery of all services provided by the Band;
- ? maintaining a Band office; and
- ? facilitating communication Band members.

This function also includes acting as an intermediary for the individual or collective interest of member. Bands 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 Band council 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:    |    |
|   |    |
|   |    |
|   |    |
|   |    |
|   |    |

TPMS RR CODE: 0061

**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 INAC Regional Office

TPMS RR CODE: 0070

## 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 INAC 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.
- ? **INAC/OTHER TOTALS:** Add up the total of INAC-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 INAC-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 (page 22).**

**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)     |                    |       | INAC Use<br>À l'usage du AINC |
| Program<br>Programme  | PY<br>A-P                | Salary<br>Salaire                  | Pensions<br>Régime de retraite                            | CPP/QPP<br>RPC/RPQ                              | Total   | Pensions<br>Régime de retraite                              | CPP/QPP<br>RPC/RPQ | Total |                               |
| Band Support<br>Soutien de bande                              |                          |                                    |   |   |   |   |                    |       |                               |
| Community Infrastructure<br>Équipement comm.                  |                          |                                    |   |   |   |   |                    |       |                               |
| L. T. S.<br>S. F. et F.                                       |                          |                                    |   |   |   |   |                    |       |                               |
| Education   |                          |                                    |   |   |   |   |                    |       |                               |
| Social Dev.<br>Dév. Social                                    |                          |                                    |   |   |   |   |                    |       |                               |
| Economic Dev.<br>Dév. Économique                              |                          |                                    |   |   |   |   |                    |       |                               |

|                             |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| INAC total<br>Total du AINC |  |  |  |  |  |  |  |  |  |
| Other/Divers                |  |  |  |  |  |  |  |  |  |

|  |   |   |                         |   |                                   |   |
|--|---|---|-------------------------|---|-----------------------------------|---|
| Total of all Benefits<br>Total de tous les avantages | Employee Contributions<br>Contributions de l'employé(e) | Employer Contributions - Cotisations de l'employeur |                         |   |                                   | Total employer contrib.<br>(A+B+C+D)<br>Contributions totales 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 |   |
| INAC<br>AINC   |   |   |                         |   |                                   |   |
| 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 précédente | \$ |
| Current year contribution<br>Cotisation de l'année courante                        | \$ |

|                      |
|----------------------|
| 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 INAC, 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 20).**

# 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 |
|-------------------------------------|------|-------------|

## INDIAN GOVERNMENT SUPPORT - BAND EMPLOYEE BENEFITS PROGRAM

---

### PENSION PLAN FUNDING ANNUAL REPORT

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

#### INSTRUCTIONS

- ? **BAND INFORMATION:** Fill in the band name and number.
- ? **TOTAL PAYROLL:** Provide the amount of the total payroll in the past fiscal year for employees eligible for pension plan contributions. Eligible employees work for an Indian, Inuit or Innu employer on a continuing part-time or full-time basis under a program funded or subsidized by INAC 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** \_\_\_\_\_

|  |                     |
|--|---------------------|
| First Nation Name  | First Nation 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;">?YES ?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            |



# **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 G. Additional information can be obtained at your local INAC regional office (See Tab A of this volume).

# OPERATION AND MAINTENANCE OF INFRASTRUCTURE - ASSETS AND FACILITIES

**Fire**

Fire Protection Services Summary Report ..... 2  
 Fire Losses Annual Report ..... 4

**Housing and Infrastructure Assets Annual Report(s) ..... 6**

**Note:** First Nations may update their housing data and access previous years data through the Housing & Infrastructure Assets web site. This web site may be accessed from INAC’s Electronic Service Delivery page at [http://pse-esd.ainc-inac.gc.ca/esd-pse/index\\_all\\_e.asp](http://pse-esd.ainc-inac.gc.ca/esd-pse/index_all_e.asp) Contact your regional INAC office for further instructions.

**Schools Annual Report ..... 8**

**Capital Assets**

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

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

Additional information can be obtained at your local INAC 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.



## **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: Adult        | No. Deaths: Children | No. of Buildings Damaged | No. of Buildings Destroyed | Losses in \$ |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
|                               |         |             |                          |                      |                          |                            |              |
| <b>TOTAL</b>                  |         |             |                          |                      |                          |                            |              |

The information provided is accurate to the best of my knowledge:

|              |            |       |
|--------------|------------|-------|
| 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 INAC Electronic Service Delivery website) or by paper. Further details can be provided by the INAC 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 INAC's Electronic Service Delivery page at [www.ainc.inc-inac.gc.ca/esd](http://www.ainc.inc-inac.gc.ca/esd). Contact your regional INAC office for further instructions.

TPMS RR CODE: 0108



# 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                                    | ____ / ____ / ____ |
| 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  | _____              |

The information provided is accurate to the best of my knowledge:

|                     |                   |              |
|---------------------|-------------------|--------------|
| <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 INAC 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      |
| <b>Description or Use of Asset</b><br><br><b>CATEGORY (check one)</b><br><input type="checkbox"/> <b>A. Buildings</b> Excludes housing.<br><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.<br><input type="checkbox"/> <b>C. Grounds</b> Includes grass, trees, sidewalks and parking compounds.<br><input type="checkbox"/> <b>D. Transport</b> Includes any form of transportation infrastructure including roads, bridges, ditches and ferries.<br><input type="checkbox"/> <b>E. Vehicles</b> Includes fire, garbage, water and sewage trucks. |                          |                     |           |
| <b>Has this asset been....</b><br><input type="checkbox"/> <b>Added</b> <i>Provide Details</i>  |                          |                     |           |
|   |                          |                     |           |
|   |                          |                     |           |
|   |                          |                     |           |
| <input type="checkbox"/> <b>Deleted</b> <i>Provide Details</i>  |                          |                     |           |
|   |                          |                     |           |
|   |                          |                     |           |
|   |                          |                     |           |
| <input type="checkbox"/> <b>Modified</b> <i>Provide Details</i>   |                          |                     |           |
|   |                          |                     |           |
|   |                          |                     |           |
|   |                          |                     |           |

The information provided is accurate to the best of my knowledge:

|              |            |       |
|--------------|------------|-------|
| 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 INAC 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 INAC 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                               |                       |                      |              |
| <b>Overall O&amp;M</b>              |                       |                      |              |

The information provided is accurate to the best of my knowledge:

|              |            |       |
|--------------|------------|-------|
| 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 INAC 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.                | ? YES | ? NO |
| 2. Performance standards updated as required.                 | ? YES | ? NO |
| 3. Work assigned and inspections carried out as per schedule. | ? YES | ? NO |
| 4. Operation and maintenance records kept.                    | ? YES | ? NO |
| 5. ACRS updates prepared and submitted.                       | ? YES | ? NO |

The information provided is accurate to the best of my knowledge:

|   |              |
|---|--------------|
| <b>Signature of Maintenance Manager authorized by<br/>the First Nation Council:</b> | <b>Date:</b> |
|---|--------------|

TPMS RR CODE: 0105

# COMMUNITY CAPITAL FACILITIES SERVICE DELIVERY (INCLUDING HOUSING)

## WHAT'S NEW

**Certification of Completion for Capital Projects - Provisional and Final:** This form has been modified to reflect Capital Project management practices. When a facility has been completed to the stage where it is safely being used for the intended purpose, but still has outstanding work, a *Substantial Completion Certificate* or a *Certificate of Occupancy* can be issued by the consultant and attached to the *Provisional Certificate of Completion*. This is with the condition that the outstanding work are completed within a reasonable time taking into account the weather conditions, availability of material and parts etc. A portion of project funding would be held back until 100% completion. In addition, at this stage, only partial O&M funding would be provided. In capital projects, there is usually a hold back amount of money imposed, sometimes known as a deficiency holdback, which is retained until the deficiencies have been rectified. For new facilities, there is also a warranty period that, depending on the circumstances, could commence once the substantial or construction completion certificate has been issued. Upon the expiration of the warranty period, a final inspection is carried out and if all deficiencies have been rectified, the *Final Certificate of Completion* is issued. At this point, the project is fully turned over to the owner and the warranty of performance bond with the contractor is cancelled. Upon receipt of the *Final Certificate of Completion*, the asset enters full O&M phase.

|  |   |
|--|---|
| <b>Community-Based Housing Plan Annual Report</b> .....                      | 2 |
| <br><b>Capital Projects</b>  |   |
| Progress Report on Capital Projects .....                                    | 4 |
| Certificate of Completion for Capital Projects (Provisional and Final) ..... | 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 INAC 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 INAC 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 INAC regional office.**

TPMS RR CODE: 0123

## **COMMUNITY CAPITAL FACILITIES SERVICES DELIVERY (INCLUDING HOUSING)**

---

### **CAPITAL PROJECTS PROGRESS REPORT ON CAPITAL PROJECTS**

**Due Date:** For capital projects funded through a funding arrangement that requires progress reports, progress reports are due monthly or as per the terms of the funding agreement. The final progress report can be sent to INAC with the Certificate of Completion for Capital Projects form.

Consult the individual project schedule and budget plan or contact the INAC 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 INAC regional office.
- ? Fill in the project start date, the completion date and the period this report covers.
- ? Briefly describe the physical progress that has been made in the main parts of the project, and compare the progress made to the original project schedule. Indicate whether the project is behind, on, or ahead of schedule.
- ? Show the amount spent on each phase of the project to date, compared with the total amount originally budgeted in the planned cash flow for the project.
- ? Describe any changes that have been made in the project schedule or budget. If costs have increased, or if the project is behind schedule, provide a clear explanation of why this has happened. Describe briefly what is being done to make sure the project meets the original plan and deadline. Please add extra sheets if necessary. Put information given on the top of each extra sheet.
- ? The report form must be signed and dated by the First Nation's authorized project manager.

# Progress Report on Capital Projects

|  |                       |   |              |
|--|-----------------------|---|--------------|
| First Nation Name and Number   |                       |   |              |
| Reserve Name and Number  |                       |   |              |
| Project Number   |                       | Funding Arrangement Number                              |              |
| Project Title  |                       |   |              |
| Schedule for Progress Reports  |                       |   |              |
| Project Start Date   |                       | Progress Report for the Period<br>From: _____ To: _____ |              |
| Completion Date  |                       |   |              |
| Work Progress compared to original Project Schedule (Time)                       |                       |   |              |
|  | Work done to date (%) | Work planned to date (%)                                | Variance (%) |
| 1. Design  |                       |   |              |
| 2. Construction  |                       |   |              |
| 3. Commission (or start-up)  |                       |   |              |
| Statement of Expenditures compared with planned Cash Flow Budget (Cost)          |                       |   |              |
|  | Spent to Date         | Budgeted  | Variance (%) |
| 1. Design  |                       |   |              |
| 2. Construction  |                       |   |              |
| 3. Commission (or start-up)  |                       |   |              |
| Explanation of Variances between work planned and completed work (Time and Cost) |                       |   |              |
|  |                       |   |              |
|  |                       |   |              |
|  |                       |   |              |

The information provided is accurate to the best of my knowledge:

|   |       |
|---|-------|
| Project Manager authorized by First Nation's Council: | Date: |
| Received at INAC by:                                  | Date: |

TPMS RR CODE: 0120

# COMMUNITY CAPITAL FACILITIES SERVICES DELIVERY (INCLUDING HOUSING)

---

## CAPITAL PROJECTS CERTIFICATE OF COMPLETION FOR CAPITAL PROJECTS

**Due Date:** The certificate must be completed and submitted to the INAC regional office within 90 days after

1. a capital project is fully completed; or
2. a capital project is substantially completed and the facility is being used for the intended purpose

### Instructions

- ? Indicate whether this is a provisional certificate or a final certificate, i.e. whether the project is 100% complete or is at the stage where it is being used for the intended purpose, with minor work remaining.
- ? Fill in the First Nation and Reserve information, the project title, project number and funding arrangement number.
- ? Check all boxes that apply.
- ? 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 are responsible for ensuring that all work is carried out according to the funding arrangement. If there are flaws in the work, incomplete work or work that has not been done according to the funding arrangement, then the First Nation has to negotiate with the contractor to ensure that everything is completed.

Prior to use, the facility has to be inspected to ensure that all work meets the technical specifications. For housing projects, a CMHC-approved inspector must inspect the house 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.

### Provisional Certificate of Completion

When a facility has been completed to the stage where it is safely being used for the intended purpose, but still has outstanding work, a *Substantial Completion Certificate* or a *Certificate of Occupancy* can be issued by the consultant and attached to the *Provisional Certificate of Completion*. This is with the condition that the outstanding work are completed within a reasonable time taking into account the weather conditions, availability of material and parts etc. A portion of project funding would be held back until 100% completion. In addition, at this stage, only partial O&M funding would be provided.

### Final Certificate of Completion

In capital projects, there is usually a hold back amount of money imposed, sometimes known as a deficiency holdback, which is retained until the deficiencies have been rectified. For new facilities, there is also a warranty period that, depending on the circumstances, could commence once the substantial or construction completion certificate has been issued.

Upon the expiration of the warranty period, a final inspection is carried out and if all deficiencies have been rectified, the *Final Certificate of Completion* is issued. At this point, the project is fully turned over to the owner and the warranty of performance bond with the contractor is cancelled. Upon receipt of the *Final Certificate of Completion*, the asset enters full O&M phase.



# Certificate of Completion for Capital Projects

Check one:

- ? **Provisional (facility is being used for the intended purpose, with minor work remaining)**
- ? **Final (all work is completed)**

|   |                            |
|---|----------------------------|
| First Nation Name and Number  |                            |
| Reserve Name and Number   |                            |
| Project Number  | Funding Arrangement Number |
| Project Title   |                            |
| <p>Check all that apply:</p> <ul style="list-style-type: none"> <li>? All details of the project are resolved and there is no flaw, omission, uncompleted work, claim or outstanding payment.</li> <li>? The "As Constructed" plans are available.</li> <li>? Flaws, omissions, incomplete work, claims or outstanding payments exist, and an Action Plan and either a Substantial Completion Certificate or a Certificate of Occupancy are attached.</li> <li>? The construction complies with all requirements of all applicable codes, standards and INAC Funding Arrangement.</li> <li>? Official inspection report(s) or certificate(s) by qualified inspector(s) are attached.</li> </ul> <p>List the reports or supporting documents attached:</p> <p>e.g. ? Fire commissioner (Human Resources Development Canada)</p> <p>? Environmental Licence (Provincial)</p> <p>? Health Canada (water, sewage, testing, etc.)</p> <p>? Worker's Compensation (Safety and Labour Conditions)</p> <p>? Survey and Soil Testing Reports, Concrete Testing Reports, etc.</p> <p>? Substantial Completion Certificate as per provincial legislation (e.g. <i>the Construction Lien Act</i>)</p> <p>? Certificate of Occupancy.</p> <p>? Operator's certification for water/sewage treatment plants</p> <p>_____</p> <p>_____</p> <p>_____</p> |                            |

I hereby certify that all work has been completed in accordance with the Terms and Conditions set out in the Funding Agreement, and the Effective Project Approval; and that all specified codes and standards have been met.

|  |       |
|--|-------|
| Signature of Project Manager or Person Authorized by the Band Council: | Date: |
| Received by INAC:  | 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 INAC, 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 INAC and other sources. For INAC-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 INAC | Total Other |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
|   |                             |            |               |               |                          |               |               |               |            |             |
| Total INAC  |                             |            |               |               |                          |               |               |               |            |             |
| Total Other (Other Government Departments, First Nations) |                             |            |               |               |                          |               |               |               |            |             |

The information provided is accurate to the best of my knowledge:

|             |       |             |       |
|-------------|-------|-------------|-------|
| Chief:      | Date: | Councillor: | Date: |
| Councillor: | Date: | Councillor: | Date: |

TPMS RR CODE: 0122

# ECONOMIC DEVELOPMENT

## WHAT'S NEW

- ? For Major Business Projects Program, Resource Partnerships Program and Regional Partnerships Fund, the requirement for long term impact reports several years after project completion has been dropped as of 2004-2005. This information will be gathered through project reviews. However, these reports will continue to be required for projects approved in previous years.
- ? Forms have been streamlined to ensure they are consistent with other forms in the FNNRG and to facilitate data quality and completeness.
- ? For the Opportunity Fund, Resource Acquisition Initiative and Major Business Projects Program, each business is to complete a *Business Report*. Where required in a funding agreement, Community Economic Development Organizations are to complete a *Project Status Report*, which either includes the *Business Report* or describes the efforts to obtain the report and the reason(s) why the business has not provided the report, for each business receiving funding.
- ? For the Resource Partnership Program, Resource Access Negotiations, Regional Partnerships Fund, the reporting due date is 120 days after fiscal year-end to conform to audit report due dates and to ensure maximum flexibility to client groups to provide their reports.
- ? For Regional Partnerships Fund, the requirement to report on project benefits has been eliminated, as it is unrealistic to expect economic benefits immediately following the completion of infrastructure projects. Information on project benefits will be captured by project reviews.

## COMMUNITY ECONOMIC DEVELOPMENT PROGRAM (CEDP)

|   |   |
|---|---|
| Economic Development Report .....                                   | 2 |
| Notes on Completing the 2004-2005 Economic Development Report ..... | 5 |

**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

|                               |    |
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| Annex - Business Report ..... | 16 |

## RESOURCE PARTNERSHIP PROGRAM

|                             |    |
|-----------------------------|----|
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## RESOURCE ACCESS NEGOTIATIONS (RAN) PROGRAM

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## REGIONAL PARTNERSHIP FUND

|                             |    |
|-----------------------------|----|
| Project Status Report ..... | 26 |
|-----------------------------|----|

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                      | Administration/Operations: \$ _____         |
| 202      | INAC, OP Fund/RAI/MBPP \$ _____         |                          | Project Funding: _____                      |
| 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: \$ _____                 |                          | Other: _____                                |
| 207      | Prov/Terr/Muni: \$ _____                | 215                      | Economic Development related: \$ _____      |
| 208      | Band Funds: \$ _____                    |                          | Other (specify): _____                      |
| 209      | Other: \$ _____                         | 216                      | _____ \$ _____                              |
| 210      | TOTAL Revenues: \$ <input type="text"/> | 217                      | TOTAL Expenditures: \$ <input type="text"/> |

**C: STATISTICAL INFORMATION**

300

2004-2005

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 2004-2005 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

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### Notes on Completing the 2004-2005 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 2004-2005 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 2004-2005 fiscal year.

\*Service area refers to the geographic area covered by the CEDP.

#### Revenues

Line 201 INAC, CEDP (CEDO/ROP): This should include all funds received from INAC (Community Economic Development Program (CEDP)) during 2004-2005 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 2004-2005.



## **ECONOMIC DEVELOPMENT**

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- Line 203 INAC, Other (RAN, RPP, RPF): Identify all other economic development funding provided by INAC in 2004-2005 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 2004-2005. 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: Include all funding provided by Human Resources Development Canada 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 initiatives.
- Line 206 Other Federal: Include all funding provided by other federal departments that flowed directly to the recipient for economic development initiatives.
- Line 207 Prov/Terr/Muni: Include all funding provided by Provincial/Territorial/Municipal governments that flowed directly to the economic development initiatives.
- Line 208 Band Funds: Include any funds that have been directed by banks to the recipient for economic development 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 initiatives.
- Line 210 Total Revenues: The total of all revenues, or sources of funds by the recipient for economic development 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

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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 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 2004-2005 Actual The boxes in this column represent the actual results achieved by the recipient for economic development initiatives during the 2004-2005 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

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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

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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 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 2004-2005 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

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### 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

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

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

#### INSTRUCTIONS

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

**Business, Project or Activities Name:** Enter the full name of the business, resource project or other related economic development activity.

**Contact Person/Phone:** Enter the name and phone number of the contact person for the business, resource project or other related activity (this is usually the person providing the information).

**Existing Business (Expansion), New Business (New Starts) and Resource Related Projects:** For these columns, if the log entry is an existing business (and the business has received assistance during the year for a business expansion), a new business (start-up), resource-related project or other activity related to economic development, enter the following information in each of the appropriate sub-columns:

**TS** - Put a check mark if technical support was provided (planning/technical support).

**JOBS** - Enter the number of jobs created by business expansion or new business, resource projects or other related activity or project.

**FUNDS \$** - Enter the amount of indirect funds (\$) levered by the recipient to support the business expansion, the creation of a new business, resource management or other related activities.

**Reference:** This column allows for the records (EDO officer) to add a reference identifier of some sort for each log entry. The reference could be a financial code, BCR, etc.

**Totals:** These totals are the data required for the "Business Support, Resource Management Support and Other Economic Development Related Activities Results" in Section C (Statistical Information) of the Economic Development Report. When the log forms are complete for the fiscal year, total the numbers (or code types, check marks) at the bottom and transcribe the totals to the appropriate data fields in the Economic Development Report form.

# ECONOMIC DEVELOPMENT LOG

PART 2

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

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



## **ECONOMIC DEVELOPMENT**

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

**REPORT REQUIREMENTS:** INAC requires Business Reports completed by the businesses receiving funding for startups, expansions or acquisitions. See the Project Status Report Annex for the format of Business Reports. The Community Economic Development Organization (CEDO) is expected to provide a report provided by the business (the Business Report), where the CEDO is responsible for managing the reporting by the business under the funding agreement amendment. Where the business has provided an undertaking, or has otherwise agreed in writing, to provide the Business Report, the CEDO is not expected to provide a report.

**DUE DATE:** Reports are due within 120 days after the first business year-end that includes the completion of the project work plan.

#### **INSTRUCTIONS**

All applicable sections of the report must be completed.

A copy of the audited financial statements or engagement report for the first business-year end must be submitted. This report must include:

- ? the completion of the project work plan, and
- ? a statement of sources and uses of funds.

#### **Project Identification:**

**Community Recipient (CEDO) Name:** Provide the name of the CEDO which received the funding from INAC.

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

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

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

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

Provide address, telephone and e-mail information.

#### **Status of the Business Report**

Indicate whether the Business Report is attached or not.

If the Business Report is not attached, describe efforts made by the CEDO to obtain the Business Report and the reasons why the Business Report is not attached. In some instances, the business in receipt of funding may submit the report directly to INAC. If so, please indicate. If the business is not operating, briefly explain why not. Use extra pages if necessary.

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



## **ECONOMIC DEVELOPMENT**

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

**REPORT REQUIREMENTS:** INAC requires Business Reports from the businesses receiving funding for startups, expansions or acquisitions.

**DUE DATE:** Reports are due within 120 days after the first business year-end that includes the completion of the project (i.e. the start-up, expansion or acquisition for which funding was provided).

#### **INSTRUCTIONS**

All applicable sections of the report must be completed.

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.

#### **Project Identification:**

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

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

**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 during which the INAC funding was approved.

**Business Contact Information:** Provide address, telephone and e-mail information.

#### **Activity Report:**

**Report on the compliance of the business with environmental mitigation or follow-up measures.** For some projects, environmental assessments were carried out. In some instances, these assessments may have specified environmental mitigation or follow-up measures. If such measures were required, report on how or the extent to which the business complied or did not comply. Attach extra pages if necessary.

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

#### **Community Benefits:**

**Quantifiable Community Economic Benefits:** Report on the number of employees in various categories at the business year-end; the number of community members trained by the business as a result of the business start-up, expansion or acquisition; purchases by the business from businesses in the beneficiary community or communities since the completion of the business start-up, expansion or acquisition to the business year-end; and value of payments (e.g. rents, royalties, stumpage, taxes) to the government(s) of the beneficiary community or communities since the completion of the business start-up, expansion or acquisition to the business year-end.

**Non-Quantifiable Community Benefits:** 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 and title of person responsible for the Business Report, and the date signed.

# Opportunity Fund (OF) / Resource Acquisition Initiative (RAI) / Major Business Projects Program (MBPP) Business Report Annex

| Project Identification  |                                 |                               |        |
|---|---------------------------------|-------------------------------|--------|
| Business Recipient Name:  | INAC Contribution Amount:<br>\$ |                               |        |
| Community Recipient (CEDO) Name:  | Year of approval:<br>YYYY       |                               |        |
| Business Contact Information  |                                 |                               |        |
| Street/Box  |                                 |                               |        |
| Province/Territory  | Postal Code                     | Telephone                     | E-Mail |
| Activity Report(s)  |                                 |                               |        |
| Report on the compliance of the business with environmental mitigation or follow-up measures (attach extra pages if necessary). |                                 |                               |        |
| Report on the compliance of the business with other conditions of funding (attach extra pages if necessary).                    |                                 |                               |        |
| Quantifiable Community Economic Benefits  |                                 |                               | Amount |
| How many Aboriginal permanent, full-time employees were employed at the business year-end?                                      |                                 |                               |        |
| How many non-Aboriginal permanent, full-time employees were employed at the business year-end?                                  |                                 |                               |        |
| How many Aboriginal part-time or seasonal employees were employed at the business year-end?                                     |                                 |                               |        |
| How many non-Aboriginal part-time or seasonal employees were employed at the business year-end?                                 |                                 |                               |        |
| How many community members were trained as a result of the start-up, expansion or acquisition?                                  |                                 |                               |        |
| What was the value of contracts for or purchases from community businesses since the project completion?                        |                                 |                               | \$     |
| What was the value of payments to community government since the project completion?  |                                 |                               | \$     |
| How many months were there between project completion to the business year-end?   |                                 |                               |        |
| Non-Quantifiable Community Benefits   |                                 |                               |        |
| Describe other economic and non-economic 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:<br>YYYY/MM/DD |        |

## **ECONOMIC DEVELOPMENT**

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### **RESOURCE PARTNERSHIPS PROGRAM (RPP) PROJECT STATUS REPORT (PAGE 1 of 2)**

**DUE DATE:** Reports are due within 120 days after the end of any fiscal year during 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 Amount:** 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 where activities are required under the funding agreement amendment.

**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.

**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.

# Resource Partnerships Program Project Status Report

|  |                                 |           |  |
|--|---------------------------------|-----------|--|
| <b>Project Identification</b>  |                                 |           |  |
| Recipient Name:  |                                 |           | INAC Contribution Amount:<br><b>\$</b> |
| Project Title:   |                                 |           | Year of approval:<br>YYYY              |
| <b>Recipient Contact Information</b>   |                                 |           |  |
| Street/Box   |                                 |           |  |
| Province/Territory   | Postal Code                     | Telephone | E-Mail                                 |
| <b>Activity Report</b> (To be completed only for activities required under the funding agreement amendment)  |                                 |           |  |
| Partnerships opportunity identification  |                                 |           |  |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed | Describe activities undertaken. |           |  |
| Community and regional consensus building  |                                 |           |  |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed | Describe activities undertaken  |           |  |
| Priority setting for regional and community economic development   |                                 |           |  |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed | Describe activities undertaken. |           |  |
| Business Planning for regional and community economic development  |                                 |           |  |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed | Describe activities undertaken. |           |  |
| Training Skills needs assessments  |                                 |           |  |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed | Describe activities undertaken. |           |  |
| Environmental Assessment   |                                 |           |  |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed | Describe activities undertaken. |           |  |
| Economic infrastructure needs analysis   |                                 |           |  |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed | Describe activities undertaken. |           |  |

## ECONOMIC DEVELOPMENT

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

**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.

**Completion Report:** This section should be completed for projects have finished or for which no further activities under the funding agreement amendment will be undertaken.

**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.

**Expected Benefits:** Report quantifiable economic benefits expected from the project by indicating the expected number of resulting jobs in several categories, the expected number of livelihoods in traditional occupations to be preserved, the expected number of community members to be trained, the expected value of contracts for or purchases from community businesses, the expected value of incremental annual community government revenue (e.g. rents, royalties, stumpage, taxes), and the expected number of spin off businesses from the project.

**Describe other economic and non-economic benefits to the beneficiary community or communities from the project:** Describe the expected 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 and title of person responsible for the Project Status Report, and the date signed.

|  |        |  |        |
|--|--------|--|--------|
| Joint working agreement formation  |        |  |        |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed   |        | Describe activities undertaken.  |        |
| <b>Completion Report</b> (To be completed for projects which have finished or for which no further activities under the funding agreement amendment will be undertaken)  |        |  |        |
| Tick appropriate box to describe status of agreement:<br><input type="checkbox"/> joint working agreement signed<br><input type="checkbox"/> joint working agreement under negotiation<br><input type="checkbox"/> negotiations for a joint working agreement on hold but not terminated<br><input type="checkbox"/> agreement other than a joint working agreement signed<br><input type="checkbox"/> agreement other than a joint working agreement under negotiation<br><input type="checkbox"/> negotiations not started or started and terminated |        | If the project did not lead to an agreement, explain why not.  |        |
| <b>Expected Benefits</b>   |        |  |        |
| Type of Benefit Expected from the Project  | Amount | Type of Benefit Expected from the Project  | Amount |
| Number of Aboriginal permanent, full-time jobs   |        | Number of community members to be trained  |        |
| Number of non-Aboriginal permanent, full-time jobs   |        | Expected value of contracts for or purchases from community businesses (\$)  | \$     |
| Number of Aboriginal permanent part-time or seasonal jobs  |        | Expected value of incremental annual community government revenues (\$)  | \$     |
| Number of non-Aboriginal permanent part-time or seasonal jobs  |        | Number of spin-off business expected   |        |
| Number of livelihoods in traditional occupations to be preserved   |        | Other (specify):   |        |
| Describe other economic and non-economic expected benefits to the beneficiary community or communities that are expected from the project.   |        |  |        |
| <b>Certification</b>   |        |  |        |
| I certify that the information contained in this report is true, to the best of my knowledge.  |        |  |        |
| Signature:   |        | Name::   |        |
| Position/Title:  |        | Date Submitted:<br><u>    </u> <u>    </u> <u>    </u> / <u>    </u> <u>    </u> <u>    </u> / <u>    </u> <u>    </u> <u>    </u> |        |

TPMS RR CODE: 0135



## **ECONOMIC DEVELOPMENT**

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### **RESOURCE ACCESS NEGOTIATIONS PROGRAM (RAN) END OF PROJECT FORM - PROJECT RESULTS (PAGE 1 of 2)**

**DUE DATE:** Reports are due within 120 days after the end of any fiscal year during 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 Amount:** 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 amendment.

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

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

**Early implementation of Negotiated Agreements:** Tick the most appropriate box, and where activities have been undertaken, describe them. Use extra pages if necessary.

**Completion Report:** This section is required for projects which have finished or for which no further activities under the funding agreement amendment will be undertaken.

**Describe the results of the negotiation:** Tick the most appropriate box.

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

**Expected Benefits:** Report quantifiable economic benefits expected from the negotiation by indicating the expected number of resulting jobs in several categories, the expected number of livelihoods in traditional occupations to be preserved, the expected number of community members to be trained, the expected value of contracts for or purchases from community businesses, the expected value of incremental annual community government revenue (e.g. rents, royalties, stumpage, taxes), and the expected number of spin off businesses.

# Resource Access Negotiations Program End of Project Form - Project Results

|   |             |   |        |
|---|-------------|---|--------|
| <b>Project Identification</b>   |             |   |        |
| Recipient Name:   |             | INAC Contribution Amount:<br><b>\$</b>                                      |        |
| Project Title:  |             | Year of approval:<br><u>YYYY</u>  |        |
| <b>Recipient Contact Information</b>  |             |   |        |
| Street/Box  |             |   |        |
| Province/Territory  | Postal Code | Telephone   | E-Mail |
| <b>Activity Report</b>  |             |   |        |
| Pre-negotiation Planning  |             |   |        |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed  |             | Describe activities undertaken.   |        |
| Negotiations  |             |   |        |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed  |             | Describe activities undertaken.   |        |
| Early Implementation of Negotiated Agreements   |             |   |        |
| Tick appropriate box:<br><input type="checkbox"/> No activities planned<br><input type="checkbox"/> Activities planned but not initiated<br><input type="checkbox"/> Activities partially completed<br><input type="checkbox"/> Activities fully completed  |             | Describe activities undertaken.   |        |
| <b>Completion Report</b> (For projects which have finished or for which no further activities under the funding agreement amendment will be undertaken)   |             |   |        |
| Tick appropriate box to describe results of the negotiation:<br><input type="checkbox"/> final agreement signed<br><input type="checkbox"/> agreement in principle signed with final agreement to follow<br><input type="checkbox"/> informal agreement reached and objectives fully met<br><input type="checkbox"/> negotiations are ongoing<br><input type="checkbox"/> negotiations for an agreement on hold but not terminated<br><input type="checkbox"/> negotiations not started or started and terminated |             | If the project did not lead to an agreement, explain why not.               |        |
| <b>Expected Benefits</b>  |             |   |        |
| Type of Benefit Expected from the Project   | Amount      | Type of Benefit Expected from the Project                                   | Amount |
| Number of Aboriginal permanent, full-time jobs  |             | Number of community members to be trained                                   |        |
| Number of Non-Aboriginal permanent, full-time jobs  |             | Expected value of contracts for or purchases from community businesses (\$) |        |
| Number of Aboriginal permanent part-time or seasonal jobs   |             | Expected value of incremental annual community government revenues (\$)     |        |
| Number of Non-Aboriginal permanent part-time or seasonal jobs   |             | Number of spin-off business expected  |        |
| Number of livelihoods in traditional occupations to be preserved  |             | Other (specify):  |        |

## **ECONOMIC DEVELOPMENT**

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### **RESOURCE ACCESS NEGOTIATIONS PROGRAM (RAN) END OF PROJECT FORM - PROJECT RESULTS (PAGE 2 of 2)**

**Describe other economic and non-economic benefits to the beneficiary community or communities from the project:** Describe the expected 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 and title of person responsible for the Project Status Report, and the date signed.

Describe other economic and non-economic expected benefits to the beneficiary community or communities that are expected 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:

YYYY/MM/DD

TPMS RR CODE: 0136

## **ECONOMIC DEVELOPMENT**

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### **REGIONAL PARTNERSHIPS FUND (RPF) PROJECT STATUS REPORT (PAGE 1 of 2)**

**DUE DATE:** Reports are due within 120 days after the end of any fiscal year during 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 Amount:** 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 with environmental mitigation or follow-up measures required in the funding agreement.** Report on actions taken and not taken to 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 amendment.** Report on actions taken and not taken to comply conditions in the funding agreement amendment other than environmental mitigation or follow-up measures. Use extra pages if necessary.

**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.

# Regional Partnerships Fund Project Status Report

| <b>Project Identification</b>  |                   |   |          |
|--|-------------------|---|----------|
| Recipient Name:  |                   | INAC Contribution Amount:<br><b>\$</b>  |          |
| Project Title:   |                   | Year of approval:<br><u>  </u> <u>  </u> <u>  </u> <u>  </u>  |          |
| <b>Recipient Contact Information</b>   |                   |   |          |
| Street/Box   |                   |   |          |
| Province/Territory   | Postal Code       | Telephone   | E-Mail   |
| <b>Activity Report</b> (To be completed only for economic infrastructure projects which have not yet been completed)   |                   |   |          |
| Project start date: <u>  </u> <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u>  |                   | Expected Completion Date: <u>  </u> <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> |          |
| Progress Report for the Period From: <u>  </u> <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> To: <u>  </u> <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> |                   |   |          |
| 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.   |                   |   |          |
| <b>Work Progress Compared to Original Project Schedule (Time)</b>  |                   |   |          |
| Type of Activity   | Work Done to Date | Work Planned to Date  | Variance |
| Design   | %                 | %   | %        |
| Construction   | %                 | %   | %        |
| Commissioning/Start-up   | %                 | %   | %        |
| Explanation of variances between work planned and completed work (time and cost)   |                   |   |          |

## **ECONOMIC DEVELOPMENT**

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

**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 finished or for which no further activities under the under the funding agreement amendment will be carried out.

**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.

#### **Certification:**

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

| Statement of Expenditures Compared with Planned Cash Flow Budget Cost   |                            |                                 |                               |          |
|---|----------------------------|---------------------------------|-------------------------------|----------|
| Type of Activity  | Expenditures of INAC Funds | Expenditures of Funds of Others | Budgeted Expenditures         | Variance |
| Design  | \$                         | \$                              | \$                            | %        |
| Construction  | \$                         | \$                              | \$                            | %        |
| Commissioning/Start-up  | \$                         | \$                              | \$                            | %        |
| Explanation of variances between expenditures planned and budgeted expenditures.  |                            |                                 |                               |          |
| <b>Completion Report (To be completed which have finished or for which no further activities under the funding agreement will be carried out)</b> |                            |                                 |                               |          |
| Are all details of the project resolved?  |                            |                                 | [ ] yes                       | [ ] no   |
| Are the "As Constructed" plans available?   |                            |                                 | [ ] yes                       | [ ] no   |
| Are there flaws, or omissions, or uncompleted works, or claims or outstanding payment?  |                            |                                 | [ ] yes                       | [ ] no   |
| Does the construction comply with all requirements of applicable codes and standards?   |                            |                                 | [ ] yes                       | [ ] no   |
| List the official inspection reports, certificates by qualified inspectors, and other key reports or supporting documents that are attached:      |                            |                                 |                               |          |
| <u>attachment #</u> <u>attachment Name:</u>   |                            |                                 |                               |          |
| 1   |                            |                                 |                               |          |
| 2   |                            |                                 |                               |          |
| 3   |                            |                                 |                               |          |
| 4   |                            |                                 |                               |          |
| 5   |                            |                                 |                               |          |
| 6   |                            |                                 |                               |          |
| 7   |                            |                                 |                               |          |
| 8   |                            |                                 |                               |          |
| <b>Certification</b>  |                            |                                 |                               |          |
| I certify that the information contained in this report is true, to the best of my knowledge.   |                            |                                 |                               |          |
| Signature:  |                            |                                 | Name::                        |          |
| Position/Title:   |                            |                                 | Date Submitted:<br>YYYY/MM/DD |          |

TPMS RR CODE: 0137



## OTHER

|                              |          |
|------------------------------|----------|
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| <b>HEALTH SERVICES</b> ..... | <b>3</b> |

For a brief overview of these programs please refer to the First Nations National Reporting Guide, Volume II: Reference, Tab I. Additional information can be obtained at your local INAC regional office (See Tab A of this volume).

**POLICING funded by the SOLICITOR GENERAL CANADA through the funding arrangements of Indian and Northern Affairs Canada, such as:  
Fixed Volume Financial Transfer Agreement (FTA) /  
Canada/First Nations National Funding Agreement (CFNFA) /  
DIAND/First Nations National Funding Agreement (DFNFA)**

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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 (TPMS RR CODE: 0141)

- ? 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 INAC/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. TPMS RR CODE: 0145

***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 INAC regional office (Tab A of this volume).

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

|          |  |          |
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## 1 INTRODUCTION

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

## 2 PURPOSE

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

## 3 DEFINITIONS

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

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

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

**"Band"** means an organization that has entered into a Health Services Canada/First Nations Funding Agreement (including: an Indian Band, a district or Tribal Council, an Indian or Inuit health board, an Indian or Inuit organization, or a corporation).

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

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

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

**"Minister"** means the Minister of Health.

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

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

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

## 4 REPORTING REQUIREMENTS

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

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

### 4.1 Audit Report

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

The auditor's report will include the following:

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

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

#### 4.1.1 Report on Health Expenditures (Attachment 1-1)

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

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

The last section of the "Report on Health Expenditures" is a disclosure, for the same fiscal period, of the funds received from other organizations and governments for health purposes.

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

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

This report describes the various financial transactions which have affected the Moveable Assets Reserve (MAR), funded through Health Canada, during the past year. The following details are to be provided by the Band:

- opening balance in the Reserve;
- annual amount included in the Transfer Agreement for the Moveable Assets Reserve;
- interest or other revenues generated from the Reserve;
- expenditures for the addition and replacement of moveable assets during the year; and
- closing balance in the Reserve.

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

#### 4.1.3 The Auditor's Contract

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

- a summary of the Band's responsibilities;
- a summary of the Auditor's responsibilities;
- the purpose and nature of the audit;
- the limitation of the audit;
- the scope of the audit, including specifics to be addressed and reports to be produced;
- the conditions for additional audit or financial

services to be provided; and

- a copy of these Reporting and Auditing Guidelines.

#### 4.1.4 Qualifications of the Auditor

The Band's auditor must be:

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

#### 4.1.5 Auditor's Responsibilities

The Auditor will be responsible:

- to conduct the audit and prepare a report in accordance with generally accepted auditing standards of the Canadian Institute of Chartered Accountants (CICA) Handbook;
- to provide an opinion (Attachment 1) on the Band's compliance with the "Terms and Conditions" of the Agreement and to certify based on attest audits that:
  - financial and other reports required under the Transfer Agreement were completed and are accurate;
  - all resources expended were used for health related activities;
  - the MAR has been used only for the purpose stated in the Agreement;
  - the Band has a Community Health Plan which is updated on a regular basis to reflect changes to program priorities and objectives of the community;
  - immunization reports have been sent to the Region;
  - communicable diseases cases have been reported to provincial authorities and the Region;
  - where these services form part of the transfer agreement that:
    - the services of a Medical Health Officer (MHO) have been obtained where services are not

provided by FNIHB (if applicable);

- nurses are registered with their provincial nurses associations;
- personnel providing Environmental Health Services are certified as Public Health Inspectors by the Board of Certification, Canadian Institute of Public Health Inspectors.

#### 4.1.6 Band Responsibilities

The Band will be responsible for:

- accurately recording program information and financial transactions and preparing all reports and statements described above, in accordance with the instructions in these guidelines;
- making program, financial and administrative records and reports available to the Auditor and providing assistance to the Auditor, as necessary;
- avoiding duplication of effort and resources, by coordinating and planning this audit with all other audits being conducted for other federal departments;
- forwarding a copy of the audit report to the Region within ninety (90) days following the end of the fiscal year; and
- making available to members a copy of the audit report, as well as the annual report to community members.

#### 4.1.7 Health Canada Responsibilities

The FNIHB region is responsible for answering any questions concerning these guidelines, and ensuring that the auditing requirements are well understood by Bands and their auditors. Once an audit report has been received, the region is responsible for reviewing it, including any attachments and ensuring that proper follow-up action is taken with respect to the opinion and observations expressed by the auditor by:

- communicating with the Band concerning the auditor's opinions and observations;
- developing a plan for corrective action with the Band, if required; and

- monitoring on a regular basis, and through subsequent audits, if corrective action has been taken by the Band.

#### 4.1.8 Audit Default

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

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

## **4.2 Reports prepared by the Band**

### 4.2.1 Annual Report to Community Members

Under a Health Services Canada/First Nations Funding Agreement, the Chief and Council, or their designated representatives are accountable to their members for delivering the health programs and services, and for the use of the resources transferred to them in accordance with the health priorities and objectives in the Community Health Plan.

To satisfy the reporting requirements to community members, the Chief and Council will produce and make available to all members, an Annual Report. This Annual Report, which will be based on the goals and objectives of the Community Health Plan, will summarize programs and financial information, provide data on services, operations and results, and will explain any deviations from the Community Health

Plan.

Copies of the Annual Report shall be made available to community members within ninety (90) days following the end of the fiscal year.

### 4.2.2 Annual Report to the Minister

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

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

### 4.2.3 Reports on Mandatory Programs

The Band will prepare reports on the provision of the following mandatory programs, if they are applicable, and included as part of the Health Services Canada/First Nations Funding Agreement:

- Communicable Disease Control;
- Environmental Health; and,
- Treatment Services.

"Mandatory Programs and their Reporting Requirements" (Attachment 3) describes the type of information, and the method and frequency of reporting required on all mandatory programs included in the Health Services Canada/First Nations Funding Agreement. A copy of these Mandatory Reports will be provided to the Provincial authorities and to the Regions, where appropriate.

### 4.2.4 Evaluation Report

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



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

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

#### 4.2.5 Summary of Reporting Requirements

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

## 5 OTHER ACCOUNTING INFORMATION

### Listing of Moveable Assets (Attachment 5)

This listing is a sample format of information for moveable assets and is to be maintained by the Band or First Nation organization as part of its accounting

system. The format and the system used to maintain a moveable asset listing and to track the assets is at the discretion of the Band.

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

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

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

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

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

**ATTACHMENT 1 - Auditor's Derivative Report**

**Auditor's Derivative Report**

**Sample Only**

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

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

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

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

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

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

**ATTACHMENT 1-1 - Schedule - Report on Health Expenditures**

**Schedule - Report on Health Expenditures**

BAND: \_\_\_\_\_

FISCAL YEAR: 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 ( <i>interest income</i> ) |       | <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**

# Report and Auditing Guidelines 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   | 37438             |
| Balance Sheet  | 37439             |
| Statement of Moveable Assets                                       | 37440             |
| Combined Statement of Revenue, Expenditure and Accumulated Surplus | 37441             |
| Schedule of Expenditure  | 37442             |
| Cash Flow Statement  | 37443             |
| Notes to Financial Statement                                       | 37444             |
| <br>   |                   |
| Schedule 1 - Accounts Receivable                                   | 37445             |
| Schedule 1 - Accounts Payable and Accrued Liabilities              | 37445             |

**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>        | <u><b>\$ 87,500</b></u> | <u><b>\$ 73,500</b></u> |

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

Sun Fist Nation

COMBINED STATEMENT OF REVENUE, EXPENDITURE AND ACCUMULATED SURPLUS

FOR THE PERIOD ENDING MARCH 31, 2000

|  | 2000                     | 1999                     |
|--|--------------------------|--------------------------|
| REVENUE  |                          |                          |
| Health Services Canada/First Nations Funding Agreement | \$ 875,500               | \$ 834,500               |
| Other  | <u>\$ 10,500</u>         | <u>\$ 5,500</u>          |
|  | <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)                           | -44000                   | -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**

|   | 2000                     |                          | 1999                     |
|---|--------------------------|--------------------------|--------------------------|
|   | Budget                   | Actual                   | 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>—</u>                 | <u>—</u>                 |
|   | <b><u>\$ 190,100</u></b> | <b><u>\$165,000</u></b>  | <b><u>\$ 98,000</u></b>  |
| <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>         |
|   | <b><u>\$ 420,000</u></b> | <b><u>\$ 395,000</u></b> | <b><u>\$ 400,000</u></b> |
| <b>HEALTH STATION OPERATION</b>           |                          |                          |                          |
| Telephone                                 | \$ 10,000                | \$ 10,500                | \$ 10,100                |
| <b>Supplies</b>                           | \$ 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>—</u>                 | <u>\$ 1,000</u>          | <u>—</u>                 |
|   | <b><u>\$ 40,500</u></b>  | <b><u>\$ 52,000</u></b>  | <b><u>\$ 35,000</u></b>  |
| <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>—</u>                 | <u>\$ 1,400</u>          |
|   | <b><u>\$ 134,000</u></b> | <b><u>\$ 135,000</u></b> | <b><u>\$ 140,000</u></b> |
| <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>         |
|   | <b><u>\$ 100,000</u></b> | <b><u>\$ 113,000</u></b> | <b><u>\$ 110,000</u></b> |
| <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>         |
|   | <b><u>\$ 50,500</u></b>  | <b><u>\$ 45,000</u></b>  | <b><u>\$ 47,000</u></b>  |
| <b>HEALTH TRANSFER EVALUATION</b>         |                          |                          |                          |
|   | <b><u>\$ 15,000</u></b>  | <b><u>\$ 25,000</u></b>  | <u>—</u>                 |

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

**TOTAL EXPENDITURE** \$ 950,100      \$ 930,000      \$ 830,000

**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)     |
| <b>CASH FLOW FROM INVESTING ACTIVITIES</b>                             | <u>\$ 16,500</u>    | <u>\$ 10,400</u> |
| <b>CASH POSITION AT END OF YEAR</b>                                    | <u>\$ 0</u>         | <u>\$ 0</u>      |

## 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

36615

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> |

## **NON-REGISTERED ON-RESERVE POPULATION (NRORP)**

|  |   |
|--|---|
| <b>Non-Registered On-Reserve Population Band Population Report</b> ..... | 2 |
| <b>Non-Registered On-Reserve Population Collection Form</b> .....        | 4 |
| <b>Non-Registered On-Reserve Population Certificate Form</b> .....       | 6 |

NRORPs has been placed at the end of the FNNRG because reporting of the non-registered population living in First Nation communities is voluntary, and is not included in funding agreements. NRORP reporting, however, helps First Nations and INAC develop a better understanding of population dynamics and potential future needs. First Nations may submit/update their data through the NRORP web site which is accessed from INAC's Electronic Service Delivery page at: [http://pse-esd.ainc-inac.gc.ca/esd-pse/index\\_all\\_e.asp](http://pse-esd.ainc-inac.gc.ca/esd-pse/index_all_e.asp)  
Contact your regional office more information.

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 INAC regional office (See Tab A of this volume).

## **NON-REGISTERED ON-RESERVE POPULATION (NRORP)**

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### **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 INAC 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 INAC 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 INAC 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

**2004 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  |                           |
| <del>12344</del>            | <del>Surname2</del>         | <del>Given Name2</del> | <del>1951/02/22</del>  | <del>F</del>                | <del>Y</del>                               | <del>00000</del>                               | <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  |                           |
| <del>12348</del>            | <del>Surname6</del>         | <del>Given Name6</del> | <del>1961/09/30</del>  | <del>M</del>                | <del>Y</del>                               | 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  |                           |

## **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 INAC 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 INAC 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 INAC regional office.

|   |
|---|
| <p><i>Please note: One <b>Certificate Form</b> can be used for each individual reserve <b>OR</b> one <b>Certificate Form</b> can be used for all reserves provided each reserve is listed in the Reserve Number and Name box.</i></p> |
|---|

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



**2004 Certificate Form / Formulaire d'attestation**

|                                    |  |
|------------------------------------|--|
| Band Name / Nom de la bande :      | Data Collection Date / Date du recensement:<br><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

**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>  |    |
| Indian Registration and Band Lists .....                                   | 6  |
| Land Management .....  | 7  |
| Elementary/Secondary (E/S) Education .....                                 | 8  |
| Post-Secondary Education (PSE) .....                                       | 9  |
| Social Development .....   | 10 |
| Pension Plan Funding .....   | 11 |
| Capital Facilities and Maintenance .....                                   | 12 |
| Facilities Operations and Maintenance (O&M) .....                          | 13 |
| Fire Protection .....  | 14 |
| Policing (funded by the Solicitor General of Canada) .....                 | 15 |
| Health Services Canada Transfer Agreements (funded by Health Canada) ..... | 16 |

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

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### **Overview**

The Management Report under Alternative Funding Arrangements (AFA), Financial Transfer Agreements (FTA), Canada/First Nations Funding Agreements (CFNFA) and 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 Indian and Northern Affairs Canada (INAC) (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 INAC during the year, please indicate on pages 3, 4 and 5.)

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

**Summary of Reports to be submitted**

Please identify which reports have been submitted to INAC

**Submitted**

**A. Indian Registration and Band Lists**

? Certificate of Indian Status Register \_\_\_\_\_  
Due monthly

**B. Land Management and Transfers**

Contact Region

**C. Elementary/Secondary Education**

? Nominal Roll Student Census Report \_\_\_\_\_  
Due annually - October 15

? Teacher and Curriculum Information Form \_\_\_\_\_  
Due annually - October 15

**D. 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

**F. First Nations and Inuit Youth Employment Strategy**

? Activity Reports/Evaluation Reports/Youth Needs Assessment \_\_\_\_\_  
Due annually - See Guide

**G. 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



**H. Economic Development**

- ? CEDP Economic Development Report \_\_\_\_\_  
Due annually - June 30
- ? Opportunity Fund and Resource Acquisition Initiative Project Status Report \_\_\_\_\_  
4 months after the first business year-end that includes completion of project work plan.
- ? Major Business Projects Program Project Status Report \_\_\_\_\_  
4 months after the first business year-end that includes completion of project work plan.
- ? Resource Partnership Program (RPP) Project Status Report \_\_\_\_\_  
120 days after end of any fiscal year during which funds have been provided.
- ? Regional Partnership Fund (RPF) Project Status Report \_\_\_\_\_  
120 days after end of any fiscal year during which funds have been provided.
- ? Resource Access Negotiations (RAN) Program \_\_\_\_\_  
120 days after end of any fiscal year during which funds have been provided.

**I. Pension Plan Funding**

- ? Pension Plan Funding Annual Report \_\_\_\_\_  
Due annually - May 31

**J. 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

**K. 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

**L. Fire Protection**

- ? Fire Protection Services Summary Report \_\_\_\_\_  
Due annually - March 31
- ? Fire Losses Annual Report \_\_\_\_\_  
Due annually - March 31

**M. Policing (Solicitor General)**

- ? Contact Region

**N. Health Services Canada Transfer Agreements (Health Canada)**

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

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

? Health Services Reporting and Auditing Guidelines \_\_\_\_\_  
Due dates set by region

**O. Non-Registered On-Reserve Population (NRORP)**

- ? NRORP Band Population Report \_\_\_\_\_  
Due annually - February 15
- ? NRORP Collection Form \_\_\_\_\_  
Due annually - February 15
- ? NRORP Certificate Form \_\_\_\_\_  
Due annually - February 15

**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 INAC, in accordance with the INAC 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 INAC, in accordance with the INAC 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 | Title     |

**Land Management**

**a. Minimum Program Requirements:**

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

- ? Have land transactions been managed and administered in accordance with the *Indian Act*, delegation instruments and the INAC 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 INAC 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 | Title     |

**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 INAC (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 | Title     |

**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 INAC (Refer to Tab E: Education in this volume).

Information provided here confirmed as correct by:

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

**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 INAC (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:

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| Name | Signature |
| Date | Title     |

**Pension Plan Funding**

**a. Minimum Program Requirements:**

- ? Are pension plans fully portable, available to all eligible council employees irrespective of occupational group, designed to meet, as applicable, the requirements of Revenue Canada and to conform to and be registered under the *Pension Benefits Standards Act - 1985* with the Office of the Superintendent of Financial Institutions (OSFI) of Canada? **Yes ? No ?**
- ? Has the required documentation and fees been submitted to OSFI? **Yes ? No ?**
- ? Has the employee-employer share of contributions been remitted to the underwriter toward a private pension plan and has CPP/QPP contributions been remitted to 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 INAC (Refer to Tab H: Indian Government Support in this volume).

Information provided here confirmed as correct by:

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



**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 INAC (Refer to Tab I: Capital in this volume).

Information provided here confirmed as correct by:

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

**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 INAC (Refer to Tab I: Capital in this volume).

Information provided here confirmed as correct by:

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

**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 INAC (Refer to Tab I: Capital in this volume).

Information provided here confirmed as correct by:

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

**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 INAC (Refer to Volume II: Reference, Tab K: Other Program Reporting).

Information provided here confirmed as correct by:

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

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

Information provided here confirmed as correct by:

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

TPMS RR CODE: 0154