Indian and Northern Affairs Canada

Affaires indiennes et du Nord Canada

FIRST NATIONS
NATIONAL REPORTING GUIDE
2005-2006

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

Canada

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W H A T ' S N E W ?

Child and Family Services

The Flexible Funding Option for Maintenance (FFOM) is a new Treasury Board funding authority obtained by INAC in 2003 and implemented on April 1, 2004. This authority gives Child and Family Services agencies the flexibility to reinvest maintenance funding into prevention services. Prevention services aim to reduce the incidence of family dysfunction and breakdown, and the need to take children into alternate care.

The FFOM authority is INAC's response to recommendations of the Joint National Policy Review. The methodology and reporting requirements were developed in consultation with Regions, First Nations, and the Assembly of First Nations. For those agencies that qualify to operate under FFOM, the new *Child and Family Services Quarterly Report* captures maintenance expenditures and the reinvestment of maintenance resources in prevention strategies, including kinship care. A child is in kinship care when they are out of the parental home, but not in foster, group or institutional care, and are not necessarily under the care of the Minister.

Kinship care, where legislated by the province in which the CFS agency is registered, does need to be tracked to determine whether INAC should seek authority to include it under maintenance expenditures. Tracking the reinvestment of all maintenance resources in prevention services will enable INAC to assess whether findings are consistent with a growing body of evidence that suggests more investment in family support services can assist in preventing more intrusive and costly forms of intervention.

National Child Benefit (NCB)

In order to easily identify the main objective and the activity area targeted for each reinvestment program, objective and target fields were added to the *NCB First Nations Annual Report on Reinvestment*. Also, to assist INAC when reporting to Parliament on program results, the following questions were added to the form:
- How many families benefited from this reinvestment program?
- How many children under 18 benefited from this reinvestment program?

Family Violence Projects Annual Report

First Nations administrators must report on which target area or topic each Family Violence Project meets. To assist with this, a list of target areas and topics is included in the instructions and space to report these fields is included on the annual report.

Annual Teacher and Curriculum Information Form

Through consultations with the Teachers Salaries Working Group (comprised of First Nation representatives, regional and HQ program staff), this form was simplified and the number of questions reduced. Also, in response to privacy concerns, each education staff is to complete their reporting requirements on individual forms. First Nation education administrators/principals are to verify all information and forward all forms to their INAC regional office.

Special Education Forms for Schools and First Nation Regional Managing Organizations (FNRMO)

Since being introduced in 2002-2003, these forms evolved in response to suggestions from First Nation educators, resulting in improved forms and a better understanding of the information required by INAC. This information continues to be required to assess whether services provided to Special Needs children attending First Nation schools are at least equivalent to those provided by provincial education authorities.

Economic Development

The Auditor General of Canada issued a report entitled *"Economic Development of First Nations Communities: Institutional Arrangements"* in chapter 9 of the *Report to the House of Commons*, dated November 2003. It stated primarily that federal organizations need to consolidate administrative requirements, improve the access to and flexibility of programs, and support the development of institutional arrangements. INAC completed an initial evaluation of the **Community Economic Development Program (CEDP)** in September 2003. During 2004, INAC engaged First Nation and Inuit stakeholders in a series of regional discussions based on the evaluation, and encouraged the development of regional economic development strategies. INAC received the final evaluation report on its proposal-driven economic development programs in December 2004. These developments will lead to changes in INAC's economic development programs, beginning in 2005-2006. The focus of the changes is a reduced number of programs combined with a broader range of activities funded; the purpose of the changes is to provide better support for First Nation and Inuit economic development initiatives.

- The **Community Economic Development Program** is modernized. For 2005-2006, INAC will strengthen support services available to First Nation and Inuit communities, and modify reporting requirements. The new *Community Economic Development Program Report* focuses on the implementation of annual operational plans provided by funding recipients early in their fiscal year.
- The Economic Development Opportunity Fund, the Resource Acquisition Initiative, and the Major Business Projects Program have been collapsed into the **Community Developmental Equity Program**. Reporting requirements remain similar to previous years.
- Finally, the Resource Partnerships Program (RPP), the Resource Access Negotiations (RAN) Program, and the Regional Partnerships Fund (RPF) have been incorporated into the **Community Economic Opportunities Program**, which will be able to fund a broad range of activities. Reporting requirements are similar to reports in previous years.

Further information about these revised economic development programs can be found in Tab F.

Community Infrastructure

The *Fire Protection Services Summary Report*, the *Asset Operation and Maintenance Review Annual Report*, and the *Maintenance Management Plan Annual Report* are no longer annual reporting requirements listed in either funding agreements or in the FNNRG. In an effort to reduce the reporting burden on First Nations, these data will now be collected by inspectors through enhanced Asset Condition Reporting System (ACRS) inspections. These enhanced inspections are part of the implementation of the Long-Term Capital Plan and will be conducted on three-year cycles instead of every five years.

The *Changes in Capital Assets Annual Report* and the *Five Year Capital Plan - Annual Update* forms have been improved as part of the implementation of the Long-Term Capital Plan. No new data elements were introduced, but the new format reflects current regional guidelines in the timely collection of accurate and consistent capital data.

The data element definition for Water Delivery System Truck B has been changed to: "Number of housing units with water service provided by a truck and stored in 45 gallon barrel drums. Because the houses have not been plumbed to accept the service (i.e., cistern and pressurized system), Truck B is not considered as a basic level of service."

In order to mirror the definitions used by both Statistics Canada and CMHC, and to ensure greater consistency in federal housing-related definitions:
- Removal of "Minor Renovations" to more accurately reflect the housing conditions in many First Nations communities.
- The definition of an "Adequate" dwelling has been changed to: "An "Adequate" dwelling is defined as one that does not require Major Renovations or Replacement and DOES possess basic plumbing

facilities, specifically, hot and cold running water, inside toilets and installed baths or showers. The calculation of "Adequate" housing is based on the formula: Adequate = Total Number of Housing Units - Housing requiring Major Renovations - Housing requiring Replacement".

< Reference to National Building Code Standards have been removed.
< The data element definition of "Number of Houses that need Major Renovations" has been revised to:
> This could include, but is not limited to:
> > ! extensive structural faults such as rotting or sagging foundations;
> > ! extensive structural repairs to walls, floors, ceilings or roofs; and
> > ! replacement and/or upgrading of defective plumbing and/or electrical wiring.

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 specific funding agreements . These include Comprehensive Funding Arrangements (CFA), 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 FTA/CFNFA/DFNFA First Nations, please refer to Tab I - 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

The front of each section contains all reporting forms and instructions. The reference section is at the back of each section and 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 clearly outline the reason(s) 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

INTRODUCTION

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.   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.

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. 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 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 them. 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.

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.

< 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 where surpluses may be retained provided terms and conditions have been fulfilled; and/or **Grant**, which is unconditional. For a generic template of the agreement in use (for reference and information purposes only) please see http://www.ainc-inac.gc.ca/pr/pub/compfn_e.html

Financial Transfer Agreements (FTA) also establish a different relationship between the Crown and recipients than what exists under CFAs. 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 (DFNFA)** is a block-budgeted funding agreement that INAC enters into with First Nations and Tribal Councils for a five year duration. The DFNFA is a funding agreement which defines minimum standards for a local accountability framework in order to transfer increased authority to First Nations over program design and delivery and the management of funds. First Nations may redesign programs to meet specific community needs, subject to maintaining minimum delivery standards, and may reallocate funds between program areas. For a generic template of the agreement in use (for reference and information purposes only) please see http://www.ainc-inac.gc.ca/pr/pub/fundi_e.html

The **Canada/First Nations Funding Agreement (CFNFA)** 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 CFNFA is a funding agreement which contains a common set of federal government funding terms and conditions in the main body of the agreement, while schedules attached to the agreement contain terms and conditions specific to each federal department. The CFNFA defines minimum standards for a local accountability framework in order to transfer increased authority to First Nations over program design and delivery and the management of funds. First Nations may redesign programs to meet specific community needs, subject to maintaining minimum delivery standards, and may reallocate funds between program areas. For a generic template of the agreement in use (for reference and information purposes only) please see http://www.ainc-inac.gc.ca/pr/pub/cana_e.html

TAB	CFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	First Nations Collection Period / Census Date	DUE DATES First Nations to Regions
B			**INDIAN GOVERNMENT SERVICES**		
	#	#	**Tribal Council Program** Annual Report TPMS RR CODE: 0064	**Annually (previous fiscal year)**	**May 31**
			Eligible Unaffiliated Large **Band Advisory Services** Annual Report TPMS RR CODE: 0061		
	#	#**T**	**Indian/Inuit Management Development (IIMD)** Program Proposal TPMS RR CODE: 0070	**Project-by-project**	Contact Region
			Band Employee Benefits Program		
	#	#*	Application for Band Employee Benefits Funding (*required only upon renewal of FTA/CFNFA/DFNFA funding arrangements) TPMS RR CODE: 0065	**Annually (previous fiscal year)**	**May 31**
	#	#*	List of Eligible Employees (*required only upon renewal of FTA/CFNFA /DFNFA funding arrangements) TPMS RR CODE: 0066		
	#	#	Pension Plan Funding Annual Report TPMS RR CODE: 0068		
C			**INDIAN REGISTRATION / BAND GOVERNANCE**		
			Indian Registration		
	#	#	Indian Register Events Reports Summary TPMS RR CODE: 0007	**Monthly**	**Contact Region**
			Indian Registry Data Entry (Events/Amendments) TPMS RR CODE: 0008		
			Certificate of Indian Status Register TPMS RR CODE: 0012		
			Band Governance		
	#	#	Electoral Officer's Report (for elections held under Section 74 of the *Indian Act*) TPMS RR CODE: 0009	**immediately after every general election and by-election**	**Two weeks after every general election and by-election**
			Custom Election Report (for elections held under a band's own custom election code) TPMS RR CODE: 0010		
D			**EDUCATION**		
			D1 - Elementary/secondary Education		
	#	#	Nominal Roll Student Census Report TPMS RR CODE: 0022	**September 30**	**October 15**
	#	#	Annual Teacher and Curriculum Information Form TPMS RR CODE: 0028	**Annually**	**November 15**
	#	#	School Program Evaluation Report TPMS RR CODE: 0021	**Once every 5 years**	**Set by Region**
	#		Provincial/Territorial Educational Services Report TPMS RR CODE: 0024	**Annually (previous fiscal year)**	
	#	#**T**	New Path for Education - Final Project Report (only where applicable) TPMS RR CODE: 0272		**June 30**
	#	#**T**	Parental and Community Engagement Strategy - Final Activity Report TPMS RR CODE:0020		**May 15**
	#	#**T**	Teacher Recruitment and Retention Final Activity Report TPMS RR CODE:0018		
			D2 - Cultural Education Centres Program		
	#	#**T**	Cultural Education Annual Activity Report TPMS RR CODE: 0025	**Annually (previous fiscal year)**	**Set by Region**
			D3 - First Nations and Inuit Youth Employment Strategy		
			First Nations and Inuit Career Promotion and Awareness Program		
	#	#**T**	**Career Promotion and Awareness Activities** Final Activity Report & Evaluation Report TPMS RR CODES: 170 & 171 **Co-operative Education** Final Activity Report & Evaluation Report TPMS RR CODES: 172 & 173	**Annually (previous fiscal year)**	**March 31**
			First Nations and Inuit Science and Technology Program		**Mar 31**
	#	#**T**	Final Activity Report & Evaluation Report TPMS RR CODES: 174 & 175		
			First Nations and Inuit Student Summer Employment Opportunities Program		**Sep 15**
	#	#**T**	Final Activity Report & Evaluation Report TPMS RR CODES: 176 & 177		
			First Nations and Inuit Student Youth Work Experience Program		**Mar 31**
	#	#**T**	Final Activity Report & Evaluation Report TPMS RR CODES: 178 & 179 Youth Needs Assessment TPMS RR CODE: 180		

T This denotes a program that is funded as a targeted program, which is a time limited and specific undertaking as set out by a Federal Department. Funding is not included in block funding.

TAB	CFA	FTA CFNFA DFNFA	Database / Program Reports (Summary)	First Nations Collection Period / Census Date	DUE DATES First Nations to Regions
			D4 - Special Education		
	#	#T	First Nation School Annual Report on the Special Education Program TPMS RR CODE: 0027	**May 1**	**May 15**
	#		First Nation Regional Managing Organization Report on the Special Education Program TPMS RR CODE: 0026	**Census date: May 1** **Collection: May 15**	**June 30**
			D5 - Post-Secondary Education (PSE)		
			Register of PSE Students TPMS RR CODE: 0030	**November 1**	**December 31**
	#	#	Register of PSE *Graduates*/Summary Total of PSE Funded *Students* TPMS RR CODE: 0031	**Annually (previous fiscal year)**	**December 31**
			Indian Studies Support Program (ISSP) TPMS RR CODE: 0033		**Set by Region**
E			**SOCIAL DEVELOPMENT**		
			Income Assistance		
	#		Income Assistance Monthly Reports TPMS RR CODE: 0041	**Monthly**	**Contact Region**
		#	Income Assistance Annual Reports TPMS RR CODE: 0057	**Annually (previous fiscal year)**	**May 31**
			Child and Family Services		
	#	#T	Child and Family Services *Maintenance* Monthly Report TPMS RR CODE: 0045	**Monthly**	**15 days after months end**
	#		Child and Family Services *Operational* Report TPMS RR CODE: 0047	**twice yearly or quarterly**	**Contact Region**
		#T	Child and Family Services *Operational* Report TPMS RR CODE: 0044	**Annually**	
	#*		Child and Family Services *Quarterly* Report (*for First Nations approved under FFOM, see Tab E) TPMS RR CODE: 0043	**Quarterly**	**15 days after end of quarter**
			Assisted Living		
	#		Assisted Living Monthly Report TPMS RR CODE: 0050	**Monthly**	**15 days after months end**
		#	Assisted Living Annual Report TPMS RR CODE: 0052		
			Family Violence	**Annually (previous fiscal year)**	**May 31**
	#	#T	Family Violence *Projects* Annual Report TPMS RR CODE: 0048		
			Family Violence *Shelters* Annual Report TPMS RR CODE: 0053		
			National Child Benefit		
	#	#	National Child Benefit (NCB) First Nations Annual Report on Reinvestment TPMS RR CODE: 0059	**Annually (previous fiscal year)**	**Contact Region**
			Other		
	#*	#	Day Care Facilities/ Head Start Program Annual Report (*applies to CFA First Nations in **Ontario** and **Alberta** only) TPMS RR CODE: 0046	**Annually (previous fiscal year)**	**Contact Region**
	#*	#	Community Social Services Projects Annual Report (*applies to CFA First Nations in **Ontario** and **Alberta** only) TPMS RR CODE: 0055		
	#	#T	National Strategy for Integration of Persons with Disabilities Annual Report TPMS RR CODE: 0051		
F			**LANDS / ECONOMIC DEVELOPMENT**		
			Lands		
	#	#	Summary Report of Land Management Transactions TPMS RR CODE: 0003	**Project-by-project**	**Contact Region**
			Report on Rentals and Receivables TPMS RR CODE: 0004	**annually or twice yearly**	

T This denotes a program that is funded as a targeted program, which is a time limited and specific undertaking as set out by a Federal Department. Funding is not included in block funding.

T A B	C F A	FTA CFNFA DFNFA	Database / Program Reports (Summary)	First Nations Collection Period / Census Date	DUE DATES First Nations to Regions
			Economic Development		
	#	#	**Community Economic Development Program** Report TPMS RR CODE: 0131	**Annually (previous fiscal year)**	**Due within 120 days after the end of the fiscal year in which funding was received**
			Community Economic Opportunities Program Project Status Report TPMS RR CODE: 132		
	#	#T	**Community Developmental Equity Program** Project Status Report / Business Annex TPMS RR CODE: 133	**Annually (previous business year)**	**Due within 120 days after the end of the business year that included the completion of the project**
G			COMMUNITY INFRASTRUCTURE		
			Operation and Maintenance of Infrastructure and Education Assets and Facilities		
	#	#	**Fire** Losses Annual Report TPMS RR CODE: 0102	**Annually (previous *calendar* year)**	**March 31**
			Housing and Infrastructure Assets Annual Report TPMS RR CODE: 0108	**Annually (previous fiscal year)**	
			Schools Annual Report TPMS RR CODE: 0111		
			Capital Assets:		
	#	#	Changes in Capital Assets Annual Report TPMS RR CODE: 0103		
			Completed ACRS Project Annual Report TPMS RR CODE: 0104		
			Community Capital Facilities Service Delivery (Including Housing)		
	#	#	Community-Based Housing Plan Annual Report TPMS RR CODE: 0123		
			Capital Projects:		
	#	#	Progress Report on Capital Projects TPMS RR CODE: 0120	**Monthly**	**Set by Funding Agreement**
			Certificate of Completion for Capital Projects (Provisional and Final) TPMS RR CODE: 0121	**Project-by-project**	**90 days after completion**
			Five Year Capital Plan *Annual Update* TPMS RR CODE: 0122	**Annually (previous calendar year)**	**March 31**
H			OTHER PROGRAM REPORTING		
		#	Policing (Public Safety and Emergency Preparedness Canada (Solicitor General Canada)) TPMS RR CODE: 0141	**Contact Region**	
			Health Services Reporting and Auditing Guidelines (Health Canada) TPMS RR CODE: 0145		
I		#	ANNUAL RETURN MANAGEMENT REPORT TPMS RR CODE: 0154	**Contact Region**	

LIST OF INAC REGIONAL OFFICES

ALBERTA REGION Indian and Northern Affairs Canada 630 Canada Place, 9700 Jasper Avenue EDMONTON AB T5J 4G2 Tel: (780) 495-2773 Fax: (780) 495-3228	**ATLANTIC REGION** Indian and Northern Affairs Canada 40 Havelock Street, PO Box 160 AMHERST NS B4H 3Z3 Tel: (902) 661-6200 Fax: (902) 661-6237
BRITISH COLUMBIA REGION Indian and Northern Affairs Canada Suite 600, 1138 Melville Street VANCOUVER BC V6E 4S3 Tel: (604) 775-5100 Fax: (604) 775-7149	**MANITOBA REGION** Indian and Northern Affairs Canada Room 200, 365 Hargrave Street WINNIPEG MB R3B 3A3 Tel: (204) 983-2475 Fax: (204) 983-0861
ONTARIO REGION Indian and Northern Affairs Canada Arthur Meighen Building 5th Floor, 25 St. Clair Avenue East TORONTO ON M4T 1M2 Tel: (416) 973-5282 Fax: (416) 954-4326	**QUEBEC REGION** Indian and Northern Affairs Canada Jacques-Cartier Complex 320 east, St-Joseph Street, Office 400 QUEBEC QC G1K 9J2 Tel: (418) 648-3270 Fax: (418) 648-2266
SASKATCHEWAN REGION Indian and Northern Affairs Canada Room 200, 1 First Nations Way REGINA, SK S4S 7K5 Tel: (306) 780-5945 Fax: (306) 780-5733	**NORTHWEST TERRITORIES REGION** Indian and Northern Affairs Canada PO Box 1500 YELLOWKNIFE NT X1A 2R3 Tel: (867) 669-2627 Fax: (867) 669-2703
YUKON REGION Indian and Northern Affairs Canada Room 415C, 300 Main Street WHITEHORSE YT Y1A 2B5 Tel: (867) 667-3380 Fax: (867) 667-3387	**NUNAVUT** Indian and Northern Affairs Canada Qimugjuk Building 969, PO Box 2200 IQALUIT, Nunavut, X0A 0H0 Tel: (867) 975-4503 Fax: (867) 975-4560

LIST OF REGIONAL OFFICE CONTACTS

REGIONS TO INSERT LIST OF REGIONAL CONTACTS

INDIAN GOVERNMENT SERVICES

FORMS

Additional information can be obtained from your local INAC regional office (Tab A).

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 determing 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[1]
              The employee works on a specific project[2] 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 q $20,000 = $12,000 was used for this project from the TC staff budget.

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 it's 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.

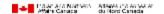[1]The maximum number of days per year will vary per employee contract.

[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

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?

First Nation Number	First Nation Name	First Nation Number	First Nation Name

For the Fiscal Year being reported:

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

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

Name	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 ° 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 ° 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: ECONOMIC DEVELOPMENT

Purpose: To support the economic sustainability of communities and the enhancement of quality of life by assisting, advising and training member FNs 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 Economic Development Program 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 °	TC staff	$_____
	Consultants	$_____
	Other (specify):_____	$_____
How many of the below were developed by the TC in consultation with or on behalf of FNs 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 TC-coordinated economic development training sessions?		
Other Economic Development 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 FN 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 ° Other (specify):_____	TC staff $_____ Consultants $_____ $_____	
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: 		

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 got technical services;
< 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 °	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?		

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

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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.

☐ Information Technology   ☐ Communication

☐ Legal Services   ☐ 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 ° Other (specify):_____ TC staff Consultants	$_____ $_____ $_____
Please identify the relevant indicators for each of the "other advisory services": < < < < < < <	

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

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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:

<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 National Native Alcohol and Drug Abuse Program (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:

<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:

<u>Approximately</u> 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:

<u>Approximately</u> 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:

TPMS RR CODE: 0064

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 determing 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[1]

The employee works on a specific project[2] 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 q $20,000 = $12,000 was used for this project from the Band staff budget.

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 it's 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.

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[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

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.

First Nation Name:	First Nation 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	Title
Signature	Date

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 ° Other (specify) :_____	Band staff Consultants	$_____ $_____ $_____
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 °	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 Economic Program 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 ° Other (specify) :_____	Band staff Consultants	$_____ $_____ $_____
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:

A. Advisory Services: COMMUNITY PLANNING

Purpose: To promote sustainable social, economic and physical development in FN 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 Consultants 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?	
Please describe the overall results of this advisory services activity:	

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 for technical services;
< 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.

| | Information Technology | | Communication |

| | Legal Services | | Other:_____(specify) |

For the Fiscal Year being reported:

Approximately how many FTEs were used for these services?	
What was the budget used for these advisory services?	$
What approximate portion of this budget was used for advice, expertise or assistance provided by ° Band staff Consultants Other:_____ (specify)	$_____ $_____ $_____
Please identify the relevant indicators for each of the "other advisory services": < < < < < < <	
Please describe the overall results of this advisory services activity: 	

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 National Native Alcohol and Drug Abuse Program (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:

<u>Approximately</u> 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:

<u>Approximately</u> 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

INDIAN GOVERNMENT SERVICES - INDIAN/INUIT MANAGEMENT DEVELOPMENT PROGRAM

IIMD PROGRAM PROPOSALS RELATED TO:

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

INSTRUCTIONS

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 SERVICES - BAND EMPLOYEE BENEFITS PROGRAM

APPLICATION FOR BAND EMPLOYEE BENEFITS (BEB) FUNDING

DUE DATE:

For First Nations funded under a Comprehensive Funding Agreement, applications are due each year on May 31, for the previous fiscal year ending March 31.

For First Nations funded under multi year funding agreements, applications are required only upon renewal of FTA/CFNFA/DFNFA funding arrangements.

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.

See page 27 for data element definitions.

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'enreistement de l'ADRC:	Funding - Financement New - Courant Ongoing - Initial	

OSFI Plan # (TO BE FILLED IN BY REGIONAL OFFICE AND VERIFIED BY EMPLOYER):

Employee/Employer Data Données de l'employé(e)/l'employeur			Employer contributions Contributions de l'employeur			Employee contributions Contributions de l'employé(e)			INAC Use À l'usage du AINC
Program Programme	PY A-P	Salary Salaire	Pensions Régime de retraite	CPP/QPP RPC/RPQ	Total	Pensions Régime de retraite	CPP/QPP RPC/RPQ	Total	
Band Support Soutien de bande									
Community Infrastructure Equipement comm.									
L. T. S. S. F. et F.									
Education									
Social Dev. Dév. Social									
Economic Dev. Dév. Économique									
INAC total Total du AINC									
Other/Divers									

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

Comments - Remarques

The information provided on this form is accurate to the best of my knowledge:
Les renseignements fournis sont exacts au meilleur de mes connaissances :

Name Nom	Title
Signature	Date

FOR INAC USE ONLY - À L'USAGE DU MINISTÈRE SEULEMENT

Current year forecast / Prévisions de l'année courante	$
Adjust. from previous year's funding / Règle de financement de l'année précédente	$
Current year contribution / Cotisation de l'année courante	$

TPMS RR CODE / CODE D'ER DU SGPT : 0065

Canada

INDIAN GOVERNMENT SERVICES - BAND EMPLOYEE BENEFITS PROGRAM

LIST OF ELIGIBLE EMPLOYEES

DUE DATE:

For First Nations funded under a Comprehensive Funding Agreement, the List of Eligible Employees are due each year on May 31, for the previous fiscal year ending March 31.

For First Nations funded under multi year funding agreements, the List of Eligible Employees are required only upon renewal of FTA/CFNFA/DFNFA funding arrangements.

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.

See page 27 for data element definitions.

This form should be submitted with the Application for Band Employee Benefits Funding form (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 %
Total								

I Certify That the Data Recorded on Each Completed List Has Been Checked and Found Accurate.

Name	Title	Signature	Date

TPMS RR CODE: 0066

INDIAN GOVERNMENT SERVICES - 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.

See page 27 for data element definitions.

PENSION PLAN FUNDING
ANNUAL REPORT

FOR THE YEAR 20____

First Nation Name	First Nation Number

What is the total payroll for eligible employees? $_____

What is the Total Contributions by Eligible Employees paid into the plan
for the Canada/Quebec Pension Plan (C/QPP) and Private Pension Plan? $_____

What is the Total Contributions by Eligible Employers paid into the plan
for C/QPP and Private Pension Plans for Eligible Employees: $_____

What is the Total for other eligible employee benefits paid into pension plan: $_____

What is the Total <u>number</u> of employees covered by plan: _____

Were the Annual Information Return and prescribed fees submitted
to the office of superintendent of financial institutions (OSFI)   9YES   9NO

Date of submission to OSFI: ___/___/___

Information provided here confirmed as correct by:

Name	Title
Signature	Date

INDIAN GOVERNMENT SERVICES

OVERVIEW

Tribal Council Funding is a contribution for formally incorporated Tribal Councils to fund advisory services (financial management, band government, economic development, community planning, technical services and associated administrative costs) provided to the tribal councils' member bands. With a mandate from their First Nation membership, Tribal Councils may also deliver programs and services, following established program requirements. Please note that Tribal Council Funding allocations remain frozen at 1996-1997 levels unless the Tribal Council undertakes a completely new function funded by INAC or changes membership composition.

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

Indian and Inuit Careers Program funding specifically assists First Nations and Tribal Councils to manage their staff training and development portfolio. Funding is approximately 2% of total BSF or 2% of the administration portion of the TCF formula.

The **Indian and Inuit Management Development (IIMD) Program** provides support to First Nations, Tribal Councils and other First Nation organizations to strengthen the management capacities of their local governments. The program authority and associated program directive refer to five distinct program components: Management Development and Training, Orientation and Community Awareness, Advisory Support, Management Education and Institutional Support. IIMD provides support for management training and development of First Nations' chiefs, councillors and administration and program staff in response to concerns and needs identified by the community. It helps First Nations to improve the management and administration of their own affairs by providing resources and assistance to individuals and communities, post-secondary institutions, and management training institutes. The implementation and operational strategy for IIMD is to identify band management requirements through annual consultations with individual First Nations and through the development of individual Band Management Development Plans. These plans are to be implemented through the use of IIMD Program resources and other sources including other federal government departments such as HRDC.

Band Employee Benefits (BEB) include pension plans and/or group insurance plans (and may also include other optional benefits) offered to employees of First Nations or tribal councils. Eligible First Nations and tribal councils may be funded by INAC to pay the employer's contribution for these benefits under the Band Employee Benefits Program (BEBP), up to specified limits for all eligible employees.

An **Eligible Employee** is one who is performing services of a "public" nature, funded by INAC, HC or other government departments and whose salary is derived from INAC, HC or some other funding source. BEB Program funding does not cover pension plan costs for anyone providing services under a service contract, members of boards of directors, employees working on capital projects or anyone working for a revenue-generating organization. Costs of employees of a Child Welfare Agency are included in the calculations of Child Welfare "Operations". Bands and tribal councils that apply for BEBP funding must refer to the appropriate guidelines for procedures and directives. These guidelines are available from INAC's regional offices.

 The **Application for Band Employee Benefits Funding** includes the following information:
< number of employees in each program area and their salaries;
< amounts for employer and employee contributions for private pension plans and the Canada/Quebec pension plans; and
< a breakdown of employer contributions according to the total benefits payable under INAC-funded program activities.

INDIAN GOVERNMENT SERVICES

Each application for band employee benefits funding must be accompanied by a list of eligible employees for whom INAC will pay the employer's share of benefits. The list shows:
< the name and occupation of each employee;
< the name of the program for which the employee works;
< the source of the employee's salary;
< the amount of the salary; and
< the breakdown of contribution amounts for the employee and the employer in pension and group insurance plans.

Applications for funding new benefit plans will continue to be accepted. However, these applications cannot be approved until INAC receives confirmation from the Office of the Superintendent of Financial Institutions (OSFI) that the plan is registered by both OSFI and Canada Revenue Agency (Taxation). It is important to note that there will be no increase in departmental contributions to existing BEB plans if the proposed increase can be attributed to decisions that are solely within the sphere of the employer (such as salary increases to employees or increase in the number of employees in the workforce). Contact your INAC regional office for more information.

SUMMARY OF REPORTS REQUIRED AND DUE DATES

TRIBAL COUNCIL FUNDING	BAND ADVISORY SERVICES (For large bands not affiliated with a Tribal Council)	INDIAN/INUIT MANAGEMENT DEVELOPMENT (IIMD) PROGRAM
Tribal Council Program Annual Report DUE May 31 for previous fiscal year ending March 31	**Band Advisory Services Annual Report** DUE May 31 for previous fiscal year ending March 31	**Funding Proposal** DUE on a project-by- project basis
BAND EMPLOYEE BENEFITS PROGRAM (BEBP)		
Application for Band Employee Benefits Funding DUE May 31 for previous fiscal year ending March 31	**List of Eligible Employees** DUE May 31 for previous fiscal year ending March 31	**Pension Plan Funding Annual Report** DUE May 31 for previous fiscal year ending March 31

DATA ELEMENTS DEFINITIONS AND SOURCE

This table describes the data to be collected and justifies for their inclusion. These data elements are required for accountability and resourcing purposes **For Indian Government Services Program data elements, the sources for all data elements are the pension plan and employee payroll documents kept by First Nation band officials, unless otherwise noted.**

BAND EMPLOYEE BENEFITS FUNDING:

Data Element	Description
Employer's Name	Name of First Nation or tribal council providing employment.
Fiscal Year	Time between one yearly settlement of financial accounts and the next.
Underwriter /Administrator	Name of the underwriter, usually an insurance company.
PBSA Number	Five-digit number assigned by Office of the Superintendent of Financial Institutions (OSFI) when the plan is registered under PBSA.
CRA Registration Number	Assigned by Canada Revenue Agency following approval under the *Income Tax Act.*
Funding	Indicate whether funding is new or ongoing.
Employee/Employer Data	For each program listed provide the number of person years (PYs) and salary.
Employer Contributions	Employer contributions to pensions and CPP/QPP for each program listed.

INDIAN GOVERNMENT SERVICES

LIST OF ELIGIBLE EMPLOYEES:

Data Element	Description
Employer Name	Name of First Nation or tribal council providing employment.
Period	Indicate fiscal year.
Employee Name	This information is required for accountability and resourcing purposes.
Occupation	Employee's occupation/job title.
Program	Program area where individual is employed.
Source of Salary	Source of individual's salary, such as INAC, Health Canada or some other funding source.
Salary	Individual's salary in dollars. This information is required for accountability and resourcing purposes.
Pension Plan Employee %, Employer %	Percentage breakdown between employee/employer pension plan contributions.
Group Insurance Employee %, Employer %	Percentage breakdown between employee/employer group insurance contributions.

INDIAN REGISTRATION / BAND GOVERNANCE

FORMS

INDIAN REGISTRATION

BAND GOVERNANCE

REFERENCE

Data Element Definitions
First Nations are advised to contact their INAC regional office (Tab A) for data element definitions that are required for administrative, accountability and operational purposes. For Indian Registration and Band lists, please consult the *Indian Registry Reporting Manual*.

Additional information can be obtained from your local INAC regional office (Tab A).

INDIAN REGISTRATION

INDIAN REGISTRY DATA ENTRY - EVENTS
INDIAN REGISTRY DATA ENTRY - AMENDMENTS

NOTE: These forms were not finalized at time of the publication of the National version of the FNNRG. Changes will be made in formatting, however no new data elements will be introduced.

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

INSTRUCTIONS

Please see your Indian Registry Manual.

DRAFT

Indian and Northern Affairs Canada | Affaires indiennes et du Nord Canada

INDIAN REGISTRATION DATA ENTRY - EVENTS

Event Initiated By	
Administrator code	Initials

Entered in IRS By		
Administrator code	Initials	Date entered (YYYYMMDD)

EVENT TYPE (Please check the applicable sections)

- ○ Birth
- ○ Divorce
- ○ New registration no.
- ○ Death
- ○ Marriage
- ○ Band transfer

BIRTH - Complete sections A, B and C
For birth date prior to April 17. 1985 send documents to HQ

A - Child to be registered

Date of birth (YYYY/MM/DD)	○ Affiliate with Father ○ Affiliate with Mother	Registration no. (after Data Entry)
Family name (Leave blank if there is no given name e.g. Indian name only)		
Alias		Gender ○ Male ○ Female
Province of residence	Residence code	Category (after Data Entry)

B - Primary Parent

Registration no. (after Data Entry)	Family name	
Given name(s)		Date of birth (YYYY/MM/DD)
Province of residence	Residence code	Category

C - Other Parent (Please check applicable) ○ Registered   ○ Non-Indian   ○ Not stated

Registration no.	Family name	
Given name(s)		Date of birth (YYYY/MM/DD)
Province of residence	Residence code	Category

INTER 83-073 E 2004-12-10

Canada

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Indian and Northern Affairs Canada

Affaires indiennes et du Nord Canada

INDIAN REGISTRATION DATA ENTRY - EVENTS

D - Registered individual affected by this event

Registration no.	Gender ○ Male ○ Female	Date of birth (YYYY/MM/DD)
Family name		
Given name(s)		

E - Spouse (Please check applicable) ○ Registered ○ Not Registered

Registration no.	Family name	Birth name
Given name(s)	Gender ○ Male ○ Female	Date of birth (YYYY/MM/DD)

F - New Registration Number

New registration no.	Reason

G - Record a Marriage (Complete section E)

Date of marriage (YYYY/MM/DD)	○ Takes spouse's name ○ Retains birth name ○ Combines both names
New family name	

H - Record a Divorce (Complete section E)

Date of divorce (YYYY/MM/DD)	○ Returns to birth name Birth name	○ Requests new registration no. New registration no.

I - Record a Death (Complete section E for death of non-Indian spouse)

Date of death (YYYY/MM/DD)	○ Death of registered individual	○ Death of non-Indian spouse

J - Record a Band Transfer

Date of transfer (YYYY/MM/DD)	New band code	New registration no.	Province / Residence code

For DIAND use only - Verification of direct data entry

New registration no.	Comments
Date of verification (YYYY/MM/DD)	

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TPMS RR CODE: 0008

DRAFT

Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

INDIAN REGISTER DATA ENTRY - AMENDMENTS

Initiated by		Entered in IRS by			Verification - For DIAND use only	
Admin. code	Initials	Admin. code	Initials	Date entered (YYYY/MM/DD)	Verified by	Date verified (YYYY/MM/DD)

AMENDMENT TYPE (Please check the applicable sections)

◯ Register information ◯ Father information ◯ Mother information ◯ Spouse information ◯ Event information

A - Registered individual affected - Complete this section for ALL amendments

Registration no.	Family name / Given name(s)	Date of birth (YYYY/MM/DD)

B - Amend Register Page (Complete only the fields in which there are changes)

Family name		Date of birth (YYYY/MM/DD)
Given name(s)	Gender ◯ Male ◯ Female	Category
Birth name	Alias	
Province of residence / Residence code / Reserve no.	Date of death (YYYY/MM/DD)	Acquired status by marriage ◯ Yes ◯ No

C - Amend Father Information (Complete only the fields in which there are changes)

Registration no.	Family name	Birth name	
Given name(s)		Gender ◯ Male ◯ Female	Date of birth (YYYY/MM/DD)

D - Amend Mother Information (Complete only the fields in which there are changes)

Registration no.	Family name	Birth name	
Given name(s)		Gender ◯ Male ◯ Female	Date of birth (YYYY/MM/DD)

E - Amend Spouse Information   ◯ Current   ◯ Historical

Registration no.	Gender ◯ Male ◯ Female	Date of birth (YYYY/MM/DD)	Birth name
Family name		Given name(s)	
Date of marriage (YYYY/MM/DD)	Date of divorce (YYYY/MM/DD)	☐ Delete marriage	

F - Amend Event (IRAs with data entry)   From registration no. (New)   To registration no. (Original)

	From registration no. (New)	To registration no. (Original)
☐ Reverse a band transfer		
☐ Reverse new registration no.		
☐ Correct child's band affiliation	New band code	New registration no.

Additional remarks, details or justifications, can be written on back of page

INTER 83-070 E 2004-12-10

TPMS RR CODE: 0008

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.

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

District

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

E x a m p l e

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

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

Canada

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 Indian Registry Administrator 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 the outdated certificate.

- Keep the Certificates of Indian Status and the Certificate of Indian Status Register in a locked cabinet.

- **Certificates of Indian Status Register shall be forwarded to the regional office on a monthly basis. The regional office will then enter this information into the Indian Register.**

CERTIFICATE OF INDIAN STATUS REGISTER
REGISTRE DE CERTIFICAT DE STATUT INDIEN

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

Example

83-022 (09-98) 7530-21-023-4022

TPMS RR CODE: 0012

BAND GOVERNANCE

ELECTION REPORTS

FOR BANDS CONDUCTING ELECTIONS IN ACCORDANCE WITH THE
INDIAN ACT* AND THE *INDIAN BAND ELECTION REGULATIONS

Section 10 of the *Indian Band Election Regulations* stipulates that the electoral officer shall prepare a statement showing the total number of votes cast for each candidate, the number of rejected ballots and the names of the candidates duly declared elected and shall forward a copy to the regional office of Indian and Northern Affairs Canada. This report is commonly referred to as the *Electoral Officer's Report,* and should be sent to the INAC regional office **no later than two weeks following the election**. This report can be found at **Appendix U** of the *Electoral Officer's Handbook* (April 2004) located at: http://www.ainc-inac.gc.ca/ps/lts/pdf/ele/eoha_e.html. A copy of the report is reproduced here for information only.

Should an electoral officer contact the First Nation seeking assistance on the completion of this report, please refer him or her directly to the Band Governance Directorate, Elections Unit, at (819) 997-3947.

Although the *Indian Band Election Regulations* place the responsibility of completing and submitting these reports on the electoral officer, as the band appoints the electoral officer, it must take the necessary steps to ensure that the individual appointed meets these requirements. Failure to submit these reports within the stipulated time frames may result in uncertainty as to the duly elected leadership of the band and the election process as a whole which can aversely affect transactions between the department and the band.

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 (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 ballots spoiled (never placed in the ballot box)		
D)	Number of unused ballots		
E)	Total number of mail-in packages returned as undeliverable (same as 15 B)		
F)	Total number of mail-in ballots returned by the elector who voted in person at the polling station (same as 15 C)		
G)	Number of mail-in ballots rejected before being placed in the ballot box (same as 15 D)		
H)	Total provided at 15 F (Mail-in ballot discrepancy)		
I)	Total number of ballots (A + B + C + D + E + F + G + H)		
J)	Total number of ballots printed **(Should equal totals at I above)**		

17. **Please complete all three columns below:**

Name of Candidate for Chief	Mailing Address	Total Votes Received

18. Number of rejected ballots for chief: _____

19. Please complete all three columns below:

Name of Candidate for Councillor	Mailing Address	Total Votes Received

20. Number of rejected ballots for councillor: _____

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

_____
Date

_____
(Address)

TPMS RR CODE: 0009

BAND GOVERNANCE

FOR BANDS CONDUCTING ELECTIONS UNDER A
CUSTOM SELECTION PROCESS

As soon as possible following an election or by-election, the department must receive a Custom Election Report which includes 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

Canada

Affaires indiennes et   Indian and Northern
du Nord Canada   Affairs Canada

INDIAN REGISTRATION / BAND GOVERNANCE

OVERVIEW

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

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

The Indian Registry Administrator (IRA) is required to provide information on Indian registration, the Maintenance of information for band lists and the Certificate of Indian Status on a monthly basis at least, to assist INAC in maintaining the accuracy of the Indian Registry **where First Nations have undertaken the Indian Registry program**. *The Indian Registry Reporting Manual* should be consulted for detailed instructions and information on reporting requirements. The Indian Registry Data Entry form and other forms (to provide amendments and summaries of Indian Registry data) should be used. Information requirements include up-to-date information on responsibility centre; name, surname; registry number; serial number; date issued; applicant's signature; applicant's address; and who issued the certificate.

Band governance is concerned with the election of band chiefs and council members. The Council shall, in the year of a band council election, appoint an electoral officer in accordance with:
< section 2 of the *Indian Band Election Regulations*, where the band is governed by the electoral provisions in section 74 of the *Indian Act*, or
< with the Council's custom election codes.

Where the Council is governed by the electoral provisions in section 74 of the *Indian Act* and controls its own membership pursuant to section 10 of the *Indian Act*, the Council shall provide to the electoral officer the voters list, a certified copy of the Band List and the last known addresses of all off-reserve members at least seventy-nine (79) days prior to the scheduled election. The Electoral Officer's Handbook is available online at: http://www.ainc-inac.gc.ca/ps/lts/pdf/ele/eoha_e.html for bands holding elections under section 74 of the *Indian Act.*

Where the Council is governed by the electoral provisions in section 74 of the *Indian Act* and does not control its own membership pursuant to section 10 of the *Indian Act*, the Council shall provide to the electoral officer a copy of the Band List and the last known addresses of all off-reserve members at least seventy-nine (79) days prior to the scheduled election.

SUMMARY OF REPORTS REQUIRED AND DUE DATES

INDIAN REGISTRATION		
Indian Registry Data Entry - Additions/Amendments DUE monthly	**Indian Register Events Reports Summary** DUE monthly	**Certificate of Indian Status Register** DUE Monthly

BAND GOVERNANCE	
Electoral Officer's Report (election results for elections held under Section 74 of the *Indian Act*) DUE two weeks following every general election and by-election	**Custom Election Report (election results for elections held under a band's own custom election code)** DUE two weeks following every general election and by-election

EDUCATION

Please note that the Education chapter is divided into five sections.

Additional information can be obtained at you local INAC regional office (See Tab A).

ELEMENTARY/SECONDARY EDUCATION

> **WHAT'S NEW**
>
> Through consultations with the Teachers Salaries Working Group (comprised of First Nation representatives, regional and HQ program staff), this form was simplified and the number of questions reduced. Also, in response to privacy concerns, each education staff are to complete their reporting requirements on individual forms. First Nation education administrators/principals are to verify all information and forward all forms to their INAC regional office.

Additional information can be obtained from your local INAC regional office (Tab A).

COVERAGE: All students residing either on-reserve or on Crown land, in receipt of any kind of education assistance from INAC, in attendance on the Nominal Roll Census date which is the last instructional day of September, are to be reported on the Nominal Roll.

    1. Computer printout: Lists information on students reported last year from your school,

    2. Blank coding form: Records all new students on the front of the form and provides room to identify additional information on Non-Status students on this side of the form.

RESPONSIBILITY: The INAC regional office will determine the items of information to be completed by the schools in that district/region. It will also ascertain the completeness and validity of the information reported. The completed set of the above-mentioned forms will then be returned to the INAC regional or INAC district offices, as applicable.

FOR STUDENTS IDENTIFIED AS STATUS CODE 2

Specify Student's situation (check all that apply)	Student Identifier Number	Family Name	First Name	Date of Birth Y Y M M D D	Additional Information for Status Code (2) Students with C, D or E marked
GA GB GC GD GE					
GA GB GC GD GE					
GA GB GC GD GE					
GA GB GC GD GE					
GA GB GC GD GE					
GA GB GC GD GE					
GA GB GC GD GE					
GA GB GC GD GE					
GA GB GC GD GE					
GA GB GC GD GE					

A Aboriginal ancestry

B Living on reserve as a non-eligible child of a *Bill C-31* parent.

C Living on reserve as a dependant of a registered Indian (e.g. student is a step-child or a grandchild of a registered Indian). Specify relationship under Additional Information.

D Child/dependant of non-Indian person(s) who is both working & living on reserve. Specify employer of at least one parent under Additional Information. (e.g. employed by First Nation government, other government, school, on-reserve business)

E Other: specify under Additional Information.

CODES:

8 Grade: **K4** Junior Kindergarten
K5 Kindergarten
SS Special Education
01-12 All others

10 Residence: Parent(s) or guardian(s) residence:
  1 On -reserve
  2 On Crown land
  3 Other (no local taxes)
  4 Off-reserve

11 Accommodation: Type of Accommodation provided to student for which the grade or the program is not offered in the federal or band school or for which school distance is a factor or in case of child safety.
  1 No accommodation provided
  2 Mandatory room and board, mandatory private home placement
  3 Boarding school
  4 Student residence
  5 Group home

6 Room and board (5 days)
7 Trap line (2 months)

12 District of Financial Responsibility: District which is funding the student's education

13 Transportation: Regular:
  1 Transported daily by school bus
  2 Transported daily by other means
  3 Transported daily by public transit
  4 No service provided

14 Transportation: Other:
  1 Seasonal transportation for student receiving accommodation
  2 Special transportation for disabled
  3 Noon lunch transportation
  4 Weekend transportation for student receiving accommodation (5days)
  5 No service provided

16 Language(s) spoken on school entry:
  1 Indian
  2 English
  3 French
  4 Indian & English
  5 Indian & French
  6 Indian, French & English
  7 English and French
  8 Innuktituk
  9 Innuktituk & French
  10 Innuktituk & English
  11 Innuktituk, French & English

17 Language(s) of Instruction:
  1 Indian
  2 English
  3 French
  4 Indian & English
  5 Indian & French
  6 Indian, French & English
  7 English and French

8 Innuktituk
9 Innuktituk & French
10 Innuktituk & English
11 Innuktituk, French & English

18 Extent of Indian Language Instruction (as identified by school curriculum):
  1 No Indian language instruction
  If used, medium of instruction:
  2 Used more than half time
  3 Used less than half time
  4 Taught as a subject only
  5 Subject and part-time medium in some other subjects
  6 Subject and full-time medium in all other subjects

19 Percent of Indian language instruction in the school:
  1 0%
  2 1% to 25%
  3 26% to 50%
  4 51% to 75%
  5 76% to 100%

The codes listed below do not apply to the coding form for new students, but are used to update computer printouts for students who have left the school.

Reason for leaving school
  1 Graduated   **3** Transferred to another school   **4** Withdrew   **5** Moved off reserve   **7** Deceased

Destination of school leavers
  1 Still in school   **2** Occupational skill   **5** Post-secondary education   **0** Employed   **7** Unemployed   **9** Whereabouts unknown/Deceased

NOMINAL ROLL STUDENT CENSUS

Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

Þ See codes on reverse
Þ Complete form using black Ink

Page	of	No. of students

School Name	Phone No.	FAX No.	School Identifier	School Board	School Number	School Type (check one)	Þ Federal 9
School Address		Postal Code --					Provincial 9
							Private 9
							Band-Operated 9

1 Student Identifier no.			2 Family Name	3 Given Name	4 Initial(s)	5 Date of Birth			6 Status Code	7 Sex: (M) (F)	8 Grade	9 Full Time Equivalent	10 Residence	11 Accommodation	12 District of Financial Resp.	13 Transportation: Regular	14 Transportation: Other	15 Special Education	16 Language spoken on entry	17 Language(s) of Instruction	18 Extent of Indian Language	19 % of Indian Language	20 Band of Financial Responsibility	21 Band of Residence	22 Reserve of Residence

Please note that for registered students, the Family Name, Given Name, Initial and Date of Birth must match the information listed in the Indian Registry.

Sub-columns for 1: Band no. | Family no. | Child position no.
Sub-columns for 5 (Date of Birth): YY | MM | DD

6 Status Code
1 - Student is registered under the *Indian Act.* (List IRS number in column 1)
4 - Student is Inuit
7 - Student is eligible to be registered, but not yet registered. List parent's band and family numbers. Child position number start with 99 fo rthe first sibling, and desending order for all other siblings (98, 97, 96).
2 - Student is not eligible to be registered under the *Indian Act* and is not Inuit.
For students identified as Status Code 2, please also complete the table on back.

9 Full Time Equivalent
1 full time student, or
.5 part-time student

15 Special Education
1 funded for high cost special education or
4 not funded for high cost special education

Compiled by:	Date YY MM DD	Certified by:	Date YY MM DD	Inputted by:	Date YY MM DD

TPMS RR CODE:0022

Canada

Annual Teacher & Curriculum Information Form
for Education Staff in First Nation Schools*

Due November 15 each year.

PART 1 - SCHOOL AND CURRICULUM INFORMATION

First Nation Name	First Nation Number

1. List all schools administered by this First Nation whose education staff have completed PART 2 - Education Staff Information:

School A: Name:_____ #:_____   School E: Name:_____ #:_____

School B: Name:_____ #:_____   School F: Name:_____ #:_____

School C: Name:_____ #:_____   School G: Name:_____ #:_____

School D: Name:_____ #:_____   School H: Name:_____ #:_____

2. **Curriculum Certification:**

I hereby certify that, for the current school year, the curriculum used in the school(s) listed above complies at all academic levels with the basic requirements of the department of education of the province/territory in which the school(s) is (are) located.

If this statement is valid for the(se) school(s), Principal or First Nation Administrator please initial in the space provided for each school listed in question 1.

School A: _____(Initial)   School E: _____(Initial)
School B: _____(Initial)   School F: _____(Initial)
School C: _____(Initial)   School G: _____(Initial)
School D: _____(Initial)   School H: _____(Initial)

3. How many education staff are employed at your school(s)? This includes teachers, special education teachers, principals, vice principals, librarians, teacher assistants, guidance counselors, para-professionals or language/ cultural instructors.
#_____

Note: Ensure that all education staff fill out Part 2 of this form. The number of forms filled out should equal the number of education staff employed at your schools. Verify all information and forward all forms to your regional INAC office.

I certify that the information provided on Part 1 and Part 2 of this form is correct to the best of my knowledge:

Name of First Nation Education Administrator or Principal:	Title
Signature of First Nation Education Administrator or Principal:	Date

TPMS RR CODE: 0028

*Education staff generally includes teachers, principals, vice-principals and professional non-teaching staff such as education consultants, guidance counselors, language and cultural instructors, librarians, etc. 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 also be used by INAC for audit and compliance purposes to verify provincial certification / salary / qualification / experience. All information collected will be subject to the provisions of the *Privacy Act:* the identity of individuals will be protected, 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.

PART 2 - EDUCATION STAFF INFORMATION*

Last name	First name	School name:

Check the occupation(s) in which you are currently employed. All education staff are to complete the entire form.

❾ teacher   ❾ principal   ❾ vice principal   ❾ librarian   ❾ teacher aide/classroom assistant

❾ special education teacher   ❾ special education teacher aide/classroom assistant

❾ guidance counselor   ❾ language/ cultural instructor

❾ Other (specify)_____

---

1. Are you employed full-time or part-time?   ❾ full-time   ❾ part-time

---

2. What **gender** are you?   ❾ female   ❾ male

---

3. Do you identify as an **Aboriginal** person?   ❾ yes   ❾ no

---

4. How many years of **experience** do you have in all schools?
    A) As a recognized provincially certified education staff: _____   B) As a non certified education staff: _____

5. What is your **gross annual salary** for the current year?
$_____

6. What **qualification(s)** have you obtained?

❾ Bachelor of (specify)_____   ❾ Masters of (specify)_____   ❾ PhD of (specify) _____

❾ Diploma (specify)_____

❾ Special Education credentials (specify)_____

❾ Other (specify) _____

7. Which **salary grid** was used to determine your salary?

❾ First Nation salary grid   ❾ Federal collective agreement   ❾ Provincial collective agreement

❾ Other_____

8. If you have a teaching assignment or a teacher aide assignment, which **grade(s)** or type(s) of classroom(s) are you teaching or responsible for? Please list the grade(s).

_____

9. In the past year, have you engaged in **professional development** training that was paid for by your employer?   ❾ yes   ❾ no

10. Is provincial **certification** necessary for your position?

   ❾ Yes ° Go to next question.   ❾ No ° Form completed, please sign at the bottom.

11. Are you **provincially certified** for your position?

   ❾ Yes ° List certificate #_____   ❾ No

12. Are you certified for the province in which you have your teaching assignment? ❾ Yes   ❾ No

13. Does your employer have a copy of your **provincial certification** on file?

   ❾ Yes ° Form completed, please sign at the bottom.

   ❾ No ° Please note, a copy should be kept in your employee's file.

   Form completed, please sign at the bottom.

I certify that the information provided is correct to the best of my knowledge:	Signature:	Date:

*Education staff generally includes teachers, principals, vice-principals and professional non-teaching staff such as education consultants, guidance counselors, language and cultural instructors, librarians, etc. 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 also be used by INAC for audit and compliance purposes to verify provincial certification / salary / qualification / experience. All information collected will be subject to the provisions of the *Privacy Act:* the identity of individuals will be protected, 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.

ELEMENTARY-SECONDARY EDUCATION

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

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: _____Number:_____

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

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 (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:

Name	Title
Signature	Date

TPMS RR CODE:0272

PARENTAL AND COMMUNITY ENGAGEMENT STRATEGY
FINAL ACTIVITY REPORT

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

Reporting Organization Information

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

Final Project Report

Objectives

Please (✓) applicable objective(s)/project target(s)
' 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

Please (✓) applicable activities	Please list outcomes of activities undertaken
' Parent/ community meetings to provide opportunities for home/ school partnerships, information sharing, raising awareness, and learning and applying parenting skills; ' Home visits from Parental Involvement Facilitators/ Para-professionals to provide the mechanisms/ tools/ and support for parents to: read to their children, learn about their child's educational development needs, contribute to their child's educational development, - pursue adult basic education, labour market training, and family literacy; ' Support for activities that promote the integration of traditional knowledge in the school and home learning environment; ' Activities to highlight the importance of screening for detection of any special education needs a child may have; and, ' Activities to reinforce the importance of regular check-ups such as hearing, vision, dental, nutrition, immunizations and hospitalizations. ' Other (specify) _____	

In addition to parents/caregivers, please (✓) all target clientele that this project reached:
' Students   ' Teaching Staff   ' Para-professionals
' Elders   ' Community at large

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

_____

_____

_____

_____

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?

_____

_____

_____

_____

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?
Please include your recommendations/ comments/ suggestions.

_____

_____

_____

_____

If applicable, please (✓) actual project partners:
- Neighbouring communities   ' Social Services   ' Health Services
- Community service groups
- Other (specify)

_____

_____

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

Name	Title
Signature	Date

TPMS RR CODE: 0020

Indian and Northern Affaires indiennes
Affairs Canada et du Nord Canada

Canada

TEACHER RECRUITMENT AND RETENTION
FINAL ACTIVITY REPORT

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

Reporting Organization Information

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

Final Project Report

Objectives

Please (✓) applicable objective(s)/project target(s)

' Provide educators and para-professionals in band-operated schools with access to professional development training

' Reward teacher/school excellence

' Promote education as a career

Please (✓) applicable activity	Please (✓) outcomes of activity	Number of Individuals who benefited from the activity
' Training, including accredited on-line training, at an accredited post-secondary institution	' course assists a non-certified individual in becoming certified ' course assists a teacher in maintaining current certification level ' course assists a certified teacher to enhance certification level	#_____ #_____ #_____
' 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	' course assists a non-certified individual in becoming certified ' course assists a teacher in maintaining current certification level ' course assists a certified teacher to enhance certification level	#_____ #_____ #_____
' Group workshops, training programs and/or non-accredited courses delivered by an aboriginal-controlled institution, which is affiliated with a recognized institution	' course assists a non-certified individual in becoming certified ' course assists a teacher in maintaining current certification level ' course assists a certified teacher to enhance certification level	#_____ #_____ #_____
' Networking opportunities, including internet-based communications, distance education opportunities and mentoring programs for first year teachers	' course assists a non-certified individual in becoming certified ' course assists a teacher in maintaining certification level ' course assists a certified teacher to enhance certification level ' reduced staff turnover ' retention rate increase	#_____ #_____ #_____ #_____ #_____

Please (✓) applicable activity	Please (✓) outcomes of activity	Number of Individuals who benefited from the activity
' Recruitment workshop to promote education as a career	' number of individuals attending workshop(s)	#_____
' Awards, if applicable	' awarded by INAC ' awarded by FNREO	N/A
' Other (specify): _____ _____ _____ ___		

If applicable, describe how your project fostered partnerships, demonstrated economies of scale and supplemented resources.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If applicable, please (✓) actual project partners:

' Neighbouring communities   ' FNREOs   ' First Nation Education Authority
' Tribal Councils   ' School Boards   ' Ministries of Education
' Other (specify)

_____

_____

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

Name	Title
Signature	Date

TPMS RR CODE: 0018

ELEMENTARY/SECONDARY EDUCATION

OVERVIEW

Indian and Northern Affairs Canada`s (INAC) objective is to ensure that all eligible Indians and Inuit students have access to a quality and range of elementary/secondary education programs and services that are relevant to the social, economic and cultural needs and conditions of the individual First Nations and communities being served, and that are comparable to those provided by the provincial public education system.

INAC provides funding for the provision of elementary/secondary education to eligible students, registered Indians residing on reserve, and Inuit. These include instructional services in federal schools, the reimbursement of costs for on-reserve students attending provincial and private schools and funding for instruction in First Nation schools and student support services including transportation, accommodation, guidance and counselling services and student financing.

Nominal Roll Student Census
The nominal roll system is an information database and a mechanism for regions, districts and schools to undertake an annual census of both eligible students living on reserve.

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

SUMMARY OF REPORTS TO BE SUBMITTED AND DUE DATES

Nominal Roll Student Census	Teacher and Curriculum Information Form	Provincial-Territorial Educational Services Report	School Program Evaluation Report
DUE annually on October 15, based on a census date of September 30	DUE annually on Nov. 15	DUE annually for current school year (date set by region).	DUE once every five years (date set by region).

New Paths for Education Final Project Report	Teacher Recruitment and Retention Final Activity Report	Parental and Community Engagement Strategy Final Activity Report	
DUE annually on June 30	DUE annually on May 15	DUE annually on May 15	

First Nations are to provide a list of students registered in schools at the start of the school year so that education funding requirements can be estimated by INAC. All students not returning to school must also be reported with the reason for and the destination of their departure. The following information are examples of what to include on the Nominal Roll Student Census form:
< student identification, including the registration numbers and the full name of each student;
< date of birth, gender, status code and grade; and
< details of residence, accommodation, transportation arrangements, special education needs, extent of Indian language instruction, band of financial responsibility, band of residence and reserve of residence.

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

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

INAC requires that band councils evaluate elementary and secondary educational services every five years. The evaluation must demonstrate that community and school objectives are being met. For more information on the evaluation process and requirements, contact your INAC regional office. The main purpose of the evaluation is review the school curriculum and assess the quality of instruction offered.

DATA ELEMENTS DEFINITIONS AND SOURCE

The **nominal roll** data elements described below are required for accountability, resourcing and operational purposes. The source for some data elements is a formal document such as a completion certificate or a school register.

Data Element	Description
School Name (student attends)	This information will allow INAC to evaluate the number of students attending a school. *Source: School Register*
School Address	*Source: School Register*
School Type	One of four categories: band operated, federally operated, provincially or privately operated. *Source: Region*
School Number	*Source: Region and School Register*
School Board Number	*Source: Region*
School Board Name	*Source: School Register*
Student Identifier	The number assigned to the student that identifies the band number, family number and child position number. For registered Indian students, this is the Indian Registry number. For students who are eligible to be registered, but not yet registered, this is their parent's band and family number and child position number starting with 99 - other siblings with the same band and family number would use numbers in descending order, i.e. 98, 97, 96... For non-registered students, this number is an arbitrary, unique identifier assigned by the regional office. *Source: Student's Status Card and School Register*
For registered Indian students, the student name, date of birth and gender must match the information listed in the Indian Registry in order to be inputted into the Nominal Roll System.	
Student Name (surname and given name)	Provide student's full name. *Source: Student's Status Card and School Register*
Date of Birth	*Source: Student's Status Card or School Register*
Gender	This information is required for identification and comparison purposes. *Source: School Register*
Status Code	Identifies whether the student is registered, eligible to be registered but not yet registered, Inuit, or neither Inuit nor eligible to be registered. *Source: Student's Status Card and School Register*
Grade	The grade in which the student is registered on the Nominal Roll census date. This information is required to monitor the effectiveness of elementary/secondary funding as well as for comparison to the Canadian population. *Source: School Register*
Residence	Identifies the student's residency (Student's parents' residence, ordinarily living on reserve). This information is required to ensure compliance to the program directives. *Source: First Nation Residency Records*
Accommodation	The type of accommodation provided to eligible students (i.e., room and board, private placement, etc.). *Source: Application for Accommodation Assistance*
District of Financial Responsibility	Region or district that is funding the student's education. *Source: Region*

ELEMENTARY/SECONDARY EDUCATION

Data Element	Description
Transportation	Transportation of students while attending school (i.e., regular or special). "Regular" refers to daily busing, public transit and other means. "Other" refers to seasonal transportation, the transport of persons with disabilities, noon lunch and weekend transport. *Source: School Register or Bus List*
Special Education	Services delivered to students with severe learning disabilities, emotional or physical conditions that require highly specialized and costly instructions and program material. *Source: Medical Certificate/Assessment*
Language(s)	Language(s) spoken on entry and language(s) of instruction, including Indian, English, French, Innuktituk or some combination of these. Extent of Indian language instruction and percentage of Indian language instruction in school. This information is required for administrative, operational and comparison purposes. *Source: School Register*
Band of Financial Responsibility	Number of the band, tribal council or authority that is financially responsible for the education of the student. This information is required for administrative and operational needs.
Band of Residence	Number of the band on whose reserve the student ordinarily resides. This information is required for administrative and operational needs. *Source: First Nation Residency Records*
Reserve of Residence	Number of the reserve on which the student ordinarily resides (INAC's Indian Lands Registry System reserve number). This information is required for administrative and operational needs. *Source: First Nation Residency Records.*
Leaver	The REASON and DESTINATION of a student who no longer attends the school. **REASON:** **1 - Graduated** - student who has obtained the credits required by the province for secondary school certification. **3 - Transferred to Another School** - student living on reserve, who has transferred to another school (i.e., federal/band/provincial or private) and is still funded by INAC. **4- Withdrew** - student who lives on reserve and is no longer attending school. **5 - Moved Off-reserve** - student who has moved off-reserve and is no longer eligible for INAC funding. **7 - Deceased** **DESTINATION:** **0 - Employed** **1 - Still in School** **2 - Occupational Skills** **5 - Post-Secondary Education** **7 - Unemployed** **9 - Whereabouts unknown/deceased** This information is required to monitor the effectiveness of elementary/secondary funding as well as for comparability to the Canadian population. *Source: School Register/Transfer Slip*

CULTURAL EDUCATION

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

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

TPMS RR CODE: 0025

OVERVIEW

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

FIRST NATIONS AND INUIT
YOUTH EMPLOYMENT STRATEGY
(FNIYES)

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

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.
See page 22 for data element definitions.

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.
See page 21 for data element definitions.

Career Promotion and Awareness Program
Final Activity Report
DUE: MARCH 31

Fiscal Year 20___ - 20___

_____
Name of First Nation or Inuit Community/ Organization

_____
Number

	Number
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:	
FINANCIAL INFORMATION	
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

Name:	Title:
Signature:	Date:

TPMS RR CODE: 170

Career Promotion and Awareness Program
Evaluation Report
DUE: MARCH 31

Fiscal Year 20___ - 20___

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

Please provide the following:
- A description of activities

_____

_____

_____

_____

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

_____

_____

_____

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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Please provide feedback and recommendations:

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The information provided is accurate to the best of my knowledge

Name:	Title:
Signature:	Date:

TPMS RR CODE: 171

Co-operative Education
Final Activity Report
DUE: MARCH 31

Fiscal Year 20___ - 20___

_____

Name of First Nation Community/ Organization

_____
Number

	Number
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	
FINANCIAL INFORMATION	
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

Name:	Title:
Signature:	Date:

TPMS RR CODE: 172

Fiscal Year 20___ - 20___

Name of First Nation School	Contact Person:
Number:	
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)

_____

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

_____

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_____

Please provide comments/ answers/ stories from at least two participants (either employers or students) outlining:

- The benefits of participating in the program.
- Their level of satisfaction with the opportunities provided.
- Were the students' awareness/ appreciation of the benefits of school enhanced?
- What are the students' plans for the following academic year? Will they be seeking employment or returning to school?

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Please provide feedback and recommendations:

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The information provided is accurate to the best of my knowledge

Name:	Title:
Signature:	Date:

TPMS RR CODE: 173

Science and Technology Program
Final Activity Report
DUE: MARCH 31

Fiscal Year 20___ - 20___

_____
Name of First Nation or Inuit Community/ Organization

_____
Number

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	
FINANCIAL INFORMATION	
7. Total amount spent	
8. Total revenue from INAC	
9. Revenue from other sources (if applicable)	
10. 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

Name:	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 Number:	Contact Person:
Address:	Telephone:
	Fax:
	Email:

Please provide the following:

- A description of the science and technology activities.

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

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

_____

_____

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_____

Please provide comments/ answers/ stories from at least two participants (delivery agent/ organization/ youth) to this form, outlining:

- The benefits of participating in the program.
- Their level of satisfaction with the activities provided.
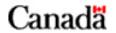- Were the youths' awareness/ appreciation of the benefits of school enhanced? If so, how?
- Do the youth have an increased level of understanding of science and technology as a career option?
- Has the activity influenced the youths' views on pursuing a career in this field?

_____

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Please provide feedback and recommendations:

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The information provided is accurate to the best of my knowledge

Name:	Title:
Signature:	Date:

TPMS RR CODE: 175

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

Fiscal Year 20___ - 20___

_____
Name of First Nation or Inuit Community/ Organization

_____
Number

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)				
FINANCIAL INFORMATION				
10. Total amount spent				
11. Total revenue from INAC				
12. Revenue from other sources (if applicable)				
13. Total wages paid in the non-profit sector				
14. Total wages paid in the private sector				
15. 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

Name:	Title:
Signature:	Date:

TPMS RR CODE: 176

Student Summer Employment Opportunities Program
Evaluation Report
DUE: SEPTEMBER 15

Fiscal Year 20___ - 20___

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

Please attach the following to this form:
- A description of the employment activities.
- A list of employers/ organizations who participated in this program.

_____

_____

_____

_____

_____

_____

_____

Please attach the following answers to this form:
- What employability skills did the students learn?
- Were the students' existing skills enhanced? If so, how?

_____

_____

_____

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_____

Please attach comments/ stories from at least two participants (either employers or students) to this form, outlining the benefits of participating in the program.

_____

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Please provide feedback and recommendations:

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The information provided is accurate to the best of my knowledge

Name:	Title:
Signature:	Date:

TPMS RR CODE: 177

Youth Work Experience Program
Final Activity Report
DUE: MARCH 31

Fiscal Year 20___ - 20___

_____
Name of First Nation or Inuit Community/ Organization

_____
Number

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				
FINANCIAL INFORMATION				
10. Total amount spent				
11. Total revenue from INAC				
12. Revenue from other sources (if applicable)				
13. Total wages paid to youth in the non-profit sector				
14. Total wages paid to youth in the private sector				
15. 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

Name:	Title:
Signature:	Date:

TPMS RR CODE: 178

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:
Number:	
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.

_____

_____

_____

_____

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

_____

_____

_____

_____

- What employability skills did the youth learn?

_____

_____

_____

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

_____

_____

_____

Please attach comments/ stories from at least two participants (either employers or youth) to this form, outlining:
- The benefits of participating in the program.
- Their level of satisfaction with the activities provided.
- Were the youths' awareness/ appreciation of the benefits of school enhanced?
- What are the youths' plans for the following academic year? Will they be seeking employment or returning to school?

_____

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Please provide feedback and recommendations:

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The information provided is accurate to the best of my knowledge

Name:	Title:
Signature:	Date:

TPMS RR CODE: 179

Youth Work Experience Program
Youth Needs Assessment Report
DUE: MARCH 31

page 1 of 2

Fiscal Year 20___ - 20___

_____
Name of First Nation or Inuit Community/ Organization

_____
Number

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 ___ ___ ___ - ___ ___ ___ - ___ ___ ___
(If the student does not have a SIN, he/she MUST obtain one before the end of the program. Application must be made prior to start of program)

3. G Male　　G Female

4. Age _____

5. Does the participant have a disability? G Yes　　G No
   If Yes, please state nature of disability _____

6. What was the highest grade level of education completed?
   G Less than Secondary
   G Some Secondary
   G Secondary Graduation
   G Some Post-Secondary
   G Post Secondary Graduation
   G Other? _____

7. What year was the highest level of education completed (yyyy)?

8. Employment Status at Start of Program
   G Employed: type of employment? _____
   G Unemployed
   G Student attending school

9. If unemployed:
   Plan on returning to school?　　　G Yes　　G No
   Actively searching for employment?　G Yes　　G 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)	G Yes	G No
No longer in School / Unemployed / Underemployed	G Yes	G 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? G Yes G No

15. If **no**, please complete the below:
    Date of Termination (DD/MM/YYYY): _____
    Reason(s):   G Did not follow through
                     G Found a job
                     G Moved
                     G No longer searching for employment
                     G Returned to school
                     G Other? _____

16. If **yes**, please complete the below:
    Date of Completion (DD/MM/YYYY): _____
    Participant is now: G Searching for Employment
                            G Making Career Decisions
                            G Skills Enhancement
                            G Found a Job
                            G Returned to School
                            G Not Employed
                            G Other? _____

The information provided is accurate to the best of my knowledge

Name:	Title:
Signature:	Date:

TPMS RR CODE: 180

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY (FNIYES)

OVERVIEW

Indian and Northern Affairs Canada's (INAC) First Nations and Inuit Youth Employment Strategy (FNIYES) is part of the Government of Canada's Youth Employment Strategy (YES). The FNIYES targets First Nations and Inuit youth, between the ages of 15 and 30, resident on-reserve or in recognized communities. The overall objectives are to develop and enhance essential employability skills, such as communication, problem solving, and working with others, expose youth to a variety of career options, and promote the benefits of education as being key to labour market participation.

With a national annual budget of $24 million, INAC administers four programs under the FNIYES:

1. First Nations and Inuit Career Promotion and Awareness Program (includes Co-operative Education) - $4M

Objectives	< Support the development and enhancement of essential employability skills; < Expose youth to a variety of career options; < Promote the benefits of education as being key to labour market participation; < Co-Operative Education - Support the provision for mentored school-based work and study opportunities, where applicable.
Key Activities	< Career planning and access to career development information, including awareness and support activities such as, but not limited to career fairs, leadership projects, etc.; < Life and work skills development for the participant; < Co-operative Education projects.

2. First Nations and Inuit Science and Technology Program ($2M)

Objectives	• Promote Science and Technology as an educational and/or career choice; • Support the development and enhancement of essential employability skills; • Expose youth to a variety of career options; • Promote the benefits of education as being key to labour market participation; • Encourage the enhancement of traditional knowledge (where applicable).
Key Activities	• Support science and technology related activities that will provide First Nations and Inuit youth with first-hand experience in various science and technology disciplines which can include the enhancement of traditional knowledge.

3. First Nations and Inuit Student Summer Employment Opportunities Program ($8M)

Objectives	• Support skills acquisition through the provision of wage subsidies for short term work experience; • Assist First Nations and Inuit secondary and post-secondary students to prepare for future entry into the labour market by facilitating access to summer employment; • Support First Nations and Inuit students to earn wages for post-secondary financing.
Key Activities	• Support work experience opportunities during the summer months for First Nations and Inuit secondary and post-secondary students.

4. First Nations and Inuit Youth Work Experience Program ($10M)

Objectives	• Support the provision of opportunities for mentored work experience; • Support the development and enhancement of essential employability skills; • Expose youth to a variety of career options; • Promote the benefits of education as being key to labour market participation.
Key Activities	• Mentored work experience; • Career planning and counselling activities, including a youth needs assessment for each participant; • Life and work skills development for participants.

For each FNIYES program, First Nation and Inuit communities and organizations are required to submit both a *final activity report* and an *evaluation report*. All reports must be submitted within 30 days of the

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due date for communities and organizations to be eligible for funding in the following fiscal year. Minimum data requirements are listed for each report. A template is provided for the final activity report. To complete the evaluation report, please attach separate sheets to the final activity report. All program activities must be completed by March 31.

A *Youth Needs Assessment Report* must be completed for each Youth Work Experience participant. Each participant report is submitted to INAC with the final activity and evaluation reports for the Youth Work Experience program. Parts A & B must be completed upon selection / intake of the youth for a work experience opportunity; Part C is completed upon termination / completion of the work opportunity. The report captures personal information on each participant, including names, SINs, employment status, education level, and plans upon completion of the program.

For information regarding other federal youth programs, please refer to the Government of Canada's website at www.youth.gc.ca or contact 1-800-622-6232. For information regarding the FNIYES, please refer to INAC's website at http://www.ainc-inac.gc.ca/ps/ys/index_e.html

SUMMARY OF REPORTS REQUIRED AND DUE DATES

First Nations and Inuit Career Promotion and Awareness Program		First Nations and Inuit Science and Technology Program
Career Promotion and Awareness	Co-operative Education	
1. Final Activity Report 2. Evaluation Report **Due** annually on March 31.	1. Final Activity Report 2. Evaluation Report **Due** annually on March 31.	1. Final Activity Report 2. Evaluation Report **Due** annually on March 31.
First Nations and Inuit Student Summer Employment Opportunities Program	First Nations and Inuit Youth Work Experience Program	
1. Final Activity Report 2. Evaluation Report **Due** annually on September 15.	1. Final Activity Report 2. Evaluation Report 3. Youth Needs Assessment Report **Due** annually on March 31.	

DATA ELEMENT DEFINITIONS

The following tables describe the data to be collected for each of the FNIYES programs. The collection of this data through the FNIYES final activity and evaluation reports is necessary to support accountability, ongoing performance measurement and program review.

Data Element	Explanation
Evaluation Report - all programs	
First Nation or Inuit Community / Organization or First Nation School: name, address, contact person	The name and contact information of the First Nation or Inuit community, organization or First Nation school receiving funding, and a contact person most familiar with the program.
Description of Activities	A narrative description of the activities / events / work experience opportunities funded through the program.
Names of the Youth Participants	For Co-operative Education, a list of the names for each youth participant.
List of participating employers / organizations / delivery agents	A list of employers, organizations or delivery agents who participated in the activity.
Employability skills learned and/or enhanced	A narrative description of the employability skills youth participants' learned, and how the skills were enhanced as a result of participating in the activity.

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY (FNIYES)

Data Element	Explanation
Comments / Stories from Participants	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.
Feedback and Recommendations	A narrative assessment of the design and delivery of the program, such as information concerning data / reporting, program / policy issues, objectives and outcomes, lessons learned and best practices that INAC or the regional administering organization could address. Please attach separate sheets if necessary.
Name	The name, title, date and signature of person who prepared report.
Final Activity Report - Common Data Elements for all programs	
Name of First Nation or Inuit Community / Organization	The name of the First Nation or Inuit community / organization receiving funding to administer the activity.
Number of Youth/Students	The total number of youth who participated in the activity.
Number of Male / Female Youth/Students	The total number of males and females who participated in the activity.
Number of Youth/Students with Disabilities	The total number of youth participants with self-identified physical and/or learning disabilities who participated in the activity.
Amount Spent	The total dollar amount spent on the activity from all funding sources.
Revenue from INAC	The total dollar amount spent on the program from INAC.
Revenue from Other Sources	The total dollar amount spent on the program from funding sources other than INAC (difference between amount spent and INAC revenue).
Amount Spent to Support Access for Disabled Youth	The total amount spent on the program to support access for youth participants with self-identified physical and / or learning disabilities (maximum $3,000 per youth participant)
Final Activity Report - Career Promotion and Awareness Program	
Number of Activities / Events	The total number of activities / events funded through the program.
Final Activity Report - Co-Operative Education (applicable to First Nation Schools)	
Number of Students in either Elementary or Secondary Institutions	The total number of students enrolled in or attending a federal or band-operated school, up to 21 years of age, who participated in the program. Enrollment is as of September following the summer term. Elementary includes grades 1-8 and secondary includes grades 9-12.
Number of Co-operative Education Placements	The total number of placements provided to students who participated in the activity.
Number of Participants who Completed the Program	The total number of students who participated in the activity from beginning to end.
Final Activity Report - Student Summer Employment Opportunities	
Number of Students in either Secondary or Post-Secondary Institutions	The total number of students who were registered as full-time students during the preceding academic year and who intend to return to school on a full-time basis in the academic year that follows the summer term. Secondary includes grades 9 to 12 and post-secondary includes attendance at an accredited post-secondary institution.
Age Range of Participants	The total number of students who fall within each age category: 15-19, 20-24, 25-29, 30.
Number of Jobs Provided	The total number of jobs provided to students who participated in the activity.
Number of Weeks Worked	The total number of weeks worked multiplied by the number of students who participated in the activity (placements must provide a minimum of 80 hours of work).

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY (FNIYES)

Data Element	Explanation
Wages Paid in the Non-Profit Sector	The total wages paid to the non-profit sector for students who participated in the work opportunity. Non-profit sector is eligible to receive up to 100% of the applicable wage.
Wages Paid in the Private Sector	The total wages paid to the private sector for students who participated in the work opportunity. Private sector is eligible to receive up to 50% of the applicable wage only.
Final Activity Report - Science and Technology	
Number of Participating Communities / Organizations	The total number of communities / organizations that participated in the activity.
Number of Activities	The total number of activities / events funded through the program.
Final Activity Report - Youth Work Experience	
Number of Youth Needs Assessment Reports Completed	The total number of youth needs assessment reports completed (note: a youth needs assessment report must be completed for each youth participant). Parts A & B must be completed upon selection / intake or at the beginning of the program and Part C is completed upon termination / completion of the program.
Number of Weeks Worked	The total number of weeks worked multiplied by the number of youth who participated in the activity (projects must not exceed 11 months)
Number of Participants who Completed the Program	The total number of youth participants who participated in the activity from beginning to end.
Age Range of Participants	The total number of youth participants who fall within each age category: 15-19, 20-24, 25-29, 30.
Education Level of Participants	The total number of youth participants who fall within each education category: less than secondary, some secondary, secondary graduation, some post-secondary, post-secondary graduation.
Wages Paid in the Non-Profit Sector	The total wages paid to the non-profit sector for youth who participated in the work opportunity. The non-profit sector is eligible to receive up to 100% of the applicable wage.
Wages Paid in the Private Sector	The total wages paid to the private sector for youth who participated in the work opportunity. The private sector is eligible to receive up to 50% of the applicable wage only.
Youth Work Experience - Youth Needs Assessment Report	
PART A - CLIENT INFORMATION - COORDINATOR TO COMPLETE UPON INTAKE/SELECTION	
Name	The Surname and Given Name(s) of the youth participant.
Social Insurance Number	The Social Insurance Number of the youth participant. If the youth does not have a SIN upon selection / intake, one MUST be obtained before the end of the program, and application for a SIN must be made prior to starting the work opportunity.
Male / Female	The gender of the youth participant.
Age	The current age of the youth participant.
Disability	"Yes" if the youth participant self-identifies with a physical and/or learning disability. If so, please indicate the nature or type of disability.
Level of Education Completed	The highest grade level of education completed by the youth participant at time of intake / selection: Less than Secondary, Some Secondary, Secondary Graduation, Some Post-Secondary, Post Secondary Graduation, Other?
Year Education Completed	The year that the highest level of education was completed.
Employment Status	The employment status of the youth participant upon intake / selection by checking one of the following 3 categories: 1) employed (indicate type of employment); 2) unemployed; 3) student / attending school. If unemployed, check "yes" or "no" to the following 2 categories:

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY (FNIYES)

Data Element	Explanation
	1) Plan on returning to school? 2) Actively searching for employment?
PART B - ACTION PLAN - COORDINATOR TO COMPLETE UPON INTAKE / SELECTION	
Does the youth meet the all of the basic eligibility criteria for the Youth Work Experience Program?	Both categories must be checked to be considered eligible: 1) Between 15 and 30 years of age (inclusive); 2) No longer in School / Unemployed / Underemployed
Anticipated Program Start Date	If eligible, indicate the expected date the youth will begin the work opportunity.
Anticipated Finish Date	The date the youth will likely complete the work opportunity
PART C - YOUTH OUTCOMES - COORDINATOR TO COMPLETE UPON TERMINATION / COMPLETION	
Program Start Date	The youth participant's first day of work
Youth Did Not Complete Program	The date participation in the work opportunity was terminated Indicate the reason(s) for termination in at least one of the following categories: 1) Did not follow through ; 2) Found a job; 3) Moved; 4) No longer searching for employment 5) Returned to school 6) Other?
Youth Completed the Program	The date youth completed the work opportunity Indicate what the youth's plan are upon completion in at least one of the following categories: 1) Searching for Employment 2) Making Career Decisions 3) Skills Enhancement 4) Found a Job 5) Returned to School 6) Not Employed 7) Other?
Name	The name, title, date and signature of the person who completed the assessment.

SPECIAL EDUCATION

WHAT'S NEW

Special Education Forms for Schools and First Nation Regional Managing Organizations (FNRMO)

Since their inception in 2002-2003, these forms have evolved in response to suggestions from First Nation educators. This has resulted in improved forms and a better understanding the information required by INAC. This information continues to be required to assess whether services provided to Special Needs children attending First Nation schools are at least equivalent to those provided by provincial education authorities.

FORMS

REFERENCE

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

First Nation School
Annual Report
on the Special Education Program (SEP)
for High Cost Special Needs Students

* 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. Please contact your regional office for more information.

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. 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 INAC use only
School Name: School Number:	Name of Principal
Address	Telephone:
	FAX:
	email:

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

Name of individual completing report	Title
Signature	Date

TPMS RR CODE: 0027

PART A: AGGREGATE STUDENT INFORMATION	
INAC continues to seek 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.	

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. How many students were listed on this schools Sept. 30, 2005 nominal roll that was submitted to INAC?	
2. How many students are enrolled in this school but are **not** listed on the Sept 30, 2005 nominal roll that was submitted to INAC?	
3. a) How many *identified High Cost Special Needs Students** are enrolled in this school and receive Special Education Services.	
b) How many *identified High Cost Special Needs Students* were identifed as receiving Special Education Services on the Sept. 30, 2005 nominal roll that was submitted to INAC.**	
c) How many *identified High Cost Special Needs Students* were **not** identifed as receiving Special Education Services on the Sept. 30, 2005 nominal roll that was submitted to INAC.	

Of the number of High Cost Special Needs Students identified in question 3 a):

4. a) How many received special education services for the 2005-2006 school year, and **not** in the previous school year?	
b) How many received special education services in both this year and last year?	

HIGH COST SPECIAL EDUCATION PROGRAM DELIVERY:	
5. a) How many students from question 3a) are in regular classrooms with no specialized/resource program?	
b) How many students from question 3a) are in regular classrooms with part-time specialized/ resource programs?	
c) How many students from question 3a) are in full-time specialized/ resource programs and do not attend regular classrooms?	

STUDENT ASSESSMENTS FOR SPECIAL EDUCATION SERVICES	
6. How many students were **referred** for assessments during this school year?	
7. Of these, how many students received completed assessments 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) - also referred to as IPP, PPP, IEPP and JLP 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 identified 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?	

Of the students in question 10, how many achieved:

12. 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?	

*Students requiring High Cost Special Education Services.
**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.*

Part B: SPECIAL EDUCATION POLICY INFORMATION - To effectively administer a special education program, a policy must be in place to ensure that a child's needs are being addressed. It is recognized that schools will require time to establish such a policy, however, progress on this must be measured in order to assess funding requirements. Further comments to describe progress are welcome.

13. Does the school have a formal written Special Education Policy? Yes ~   No ~

14. If yes, how was it developed (check all that apply)?
~ band school   ~ First Nation Regional Managing Organization (FNRMO)

~ INAC regional office   ~ provincially

~ Aboriginal Organization(specify)_____   ~ Other (specify)_____

15. If no, how will this policy be developed (check all that apply)?
~ band school   ~ First Nation Regional Managing Organization (FNRMO)

~ INAC regional office   ~ provincially

~ Aboriginal Organization(specify)_____   ~ Other (specify)_____

16. Does the existing policy include / support (check all that apply)

9 a referral process   9 an identification process   9 early childhood screening process

9 transition process[1]   9 parental approval   9 assessment protocols[2]

9 evaluation process   9 culturally appropriate   9 appeal process

9 guidelines for funding   9 program management   9 professional development training

9 individual education plan procedures   9 allow for alternate placement (monitoring evaluation)

9 process for integrating community services   9 an inclusion philosophy statement

Comments

1. **Transition** – The process of continuity of student programs and services as the student passes through the educational system.
2. **Assessment Protocols** - For the purpose of identifying High Cost Special Needs Students

Part C: SCHOOL STAFF - number of all teaching staff, para-professionals and teachers assistants that provide services to high cost special needs students (moderate to severe).	# of teaching Staff
17. In total, how many teaching staff are employed in this school **and** working with high cost special needs children?	
18. How many teaching staff from question 17 are qualified special education teachers[1]?	
19. How many teaching staff from question 17 are provincially certified teachers but are not qualified special education teachers?	
20. How many teaching staff from question 17 are certified as para-professionals[2] or teacher assistants. Specify certification program(s):_____	
21. How many teaching staff from question 17 are uncertified para-professionals, teacher assistants or other (specify other)_____	
22. In total, how many teaching staff are enrolled in special education certified training?. Specify certification program(s):_____	
23. How teaching staff from question 22 are provincially certified teachers?	
24. How many teaching staff from question 22 are para-professionals, teacher assistant or other (specify other) _____	
25. In total, how many teaching staff are engaged in at least one professional development activity (see Part D)?	
26. How many teaching staff are engaged in one-on-one activities with high cost special needs students?	
27. How many teaching staff are engaged in high cost special student group activities (more than one child but not a whole class)?	
28. How many teaching staff are teaching a whole class of high cost special needs students.	

Comments

1. For the Ontario region, a qualified special education teacher means someone who has one OR all of the following: Special Education Part 1, Special Education Part 2, Special Education Specialist.
2. Para-professionals – Support staff such as speech aides, inclusion facilitators, tutor escorts, Elders, etc.

Part D: SPECIAL EDUCATION PROFESSIONAL DEVELOPMENT

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

9 In-school training   9 Workshops   9 Conferences   9 University / College Courses

9 Coaching / Mentoring   9 None   9 Other:_____

Comments

Part E: PROFESSIONAL SERVICES PROVIDED

30. Identify (✓) the Professional Services being provided now to high cost special needs students.

Identify (✓) who is the Employer(s) for each Professional

Type of Services	assessment[1]	intervention[2]	ongoing[3]	First Nation	FNRMO[4]/ Tribal Council	Provincial School Board	Other Employer (specify)
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[5] (both initial assessment, and, if purchased, ongoing maintenance)							
Supported Technology							
One-on-one full time support							
Other							

1. **Assessment** refers to the process of identifying high cost special needs students.
2. **Intervention** refers to helping develop student's program, but not a resource or regular member at the school; and
3. **On-going** refers to part of regular high cost program
4. **First Nation 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.
5. **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.

Part F: OTHER AGENCIES - In order to be effective, Special Education requires established links with other community programs and services.

31. What other agencies and programs does the school collaborate with to provide support and service to high-cost special needs students and their families?

	In the community	Outside the community
Child and Family Services	~	~
Social Services	~	~
Health Services	~	~
Social Assistance	~	~
Day Care	~	~
Head Start	~	~
Provincial Education Ministries	~	~
Provincial School Boards or School Divisions	~	~
Interagency organizations	~	~
Traditional/Spiritual Advisors	~	~
Other (specify):_____	~	~

Comments

Part G: PARENTS/CARE GIVERS INVOLVEMENT - (those that were provided with this opportunity) 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.

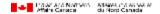|	
32. Are parents/care givers made aware and informed about the Special Education Policy and services available to their children in the schools and community agencies?	Yes ~ No ~
33. Are parents/care givers provided with written documentation about Special Education policy and services available to their children?	Yes ~ No ~
34. 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 ~
35. Are parents/care givers required to authorize in writing any assessments, planning and transmission of assessment report to other agencies?	Yes ~ No ~
36. 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 EDUCATION NEEDS NOT MET FOR STUDENTS IDENTIFIED AS HIGH COST SPECIAL NEEDS. INAC continues to seek 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.	
37. Was you community/school able to provide appropriate services for all students identified as High Cost Special Needs Students?	Yes 9 No 9

If No, then the worksheets at the back of this form will aid in responding to questions 38 to 42, DO NOT SUBMIT WORKSHEETS WITH THIS FORM.

38. How many identified students did not have any of their high cost special needs met?	
39. How many identified students had their high cost special needs partially met?	

40. Of the student identified in questions 33. and 34. 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 _____	

41. Of the student identified in questions 33. and 34, how many require services of:

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/Optometrist	
f) Medical Diagnostician		n) Assistive Devices	
g) Supported Technology		o) Other (specify)	
h) One-on-one full time support			

42. 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) ~ Lack of qualified staff	$
g) ~ Outstanding assessments	#
h) ~ Lack of funding for assessment	$
i) ~ Other_____	$

Comments

Part J: 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.)*

Worksheet used to respond to Section H: Needs not met, Questions 38, 39 and 40. 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	38. Was the student's high cost special needs **not at all** met? (Y)es or (N)o	39. Was the student's high cost special needs **partially** met? (Y)es or (N)o	40a) Was the student assessed by a specialist? (Y)es or (N)o	40b) Was the student assessed by school staff? (Y)es or (N)o	40c) Was the student assessed through teacher observation / screening? (Y)es or (N)o	40d) Did the student receive a medical diagnosis? (Y)es or (N)o	40e) Has the Student received an assessment? (Y)es or (N)o	40f) Did the student receive an other kind of Assessment? (Y)es or (N)o (Specify type in comments section on page 8)
	38	**39**	**40a**	**40b**	**40c**	**40d**	**40**	**40f**
TOTALS (add up to numbers of Ys to respond to question 38, 39 and 40 in Section H: High Cost Special Needs not met)	add number of (Y)s for question 38	add number of (Y)s for question 39	add number of (Y)s for question 40a)	add number of (Y)s for question 40b)	add number of (Y)s for question 40c)	add number of (Y)s for question 40d)	add number of (**N**)s for question 40e)	add number of (Y)s for question 40f)

Worksheet used to respond to Section H: Needs not met, Questions 41. 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	Psychometrician	Ophthalmologist/Optometrist	Assistive Devices	Other (specify in comments section on page 8))
TOTALS (add up to numbers of ✓'s to respond to question 36 in Section H: High Cost Special Needs not met)	41a	41b	41c	41d	41e	41f	41g	41h	41i	41j	41k	41l	41m	41n	41o

Worksheet used to respond to Section H: Needs not met, Question 42. 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	42a) Specify the amount of funding required for hiring staff (e.g. TA's, teachers, etc.)	42b) Specify the amount of funding required for capital (e.g. wheelchair ramp or other modification(s) on building(s) to accommodate special needs students)	42c) Specify the amount of funding required for Transportation.	42d) Specify the amount of funding required for Programs to address High Cost Special Needs Students.	42e) Specify the amount of funding required for Professional Development of school staff.	42f) Other Reasons (specify in comments field on page 8)
TOTALS (add up the funds required to respond to question 37 in Section H: High Cost Special Needs not met)	$ **42a**	$ **42b**	$ **42c**	$ **42d**	$ **42**	$ **42f**

First Nation Regional Managing Organization (FNRMO)
Annual Report
on the Special Education Program (SEP)*

INSTRUCTIONS:

1. Due July 30 each year.

2. To be completed by an Education Representative.

3. Questions and Comments this form can be provided at the end of this report.

4. NOTE: All students who are receiving programs and services under the _Interim Special Education Program(SEP)*_ must be identified as _High Cost Special Needs Students* on the Nominal Roll._ Funding for Low-Cost Special Education services is not part of the SEP and must not be included here.

Please check the type of services being reported:	~ 100% Direct & Indirect Services **OR** ~ 25-30% Indirect Services ONLY

School Year Being Reported: September 2__ __ __ - June 2__ __ __

Regional Managing Organization Name:	Regional Managing Organization Number: DIAND use only
Address	Telephone:
	FAX:
	email:

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

Name of individual completing report	Title
Signature	Date

Which First Nations (FNs) were affiliated with this organization (FNRMO) during the school year being reported?

First Nation School	First Nation School #	Band #

INFORMATION ON PROGRAMMING IN SCHOOLS

A. How many of the below are being served through this regional organization?

Provincial public schools	
Provincial private schools	
First Nations schools	

B. How many First Nations schools affiliated with this FNRMO submitted a 2003-2004 First Nation School Report on the Special Education Program?

PART A: AGGREGATE STUDENT INFORMATION - INAC continues to request from Treasury Board 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. How many students were listed on your schools Sept. 30, 2005 nominal roll that was submitted to INAC?	
2. How many students are enrolled in your schools but are **not** listed on the Sept 30, 2005 nominal roll that was submitted to INAC?	
3. a) How many identified High Cost Special Needs Students are enrolled in your schools and receive Special Education Services.	
b) How many High Cost Special Needs were identifed as receiving Special Education Services on the Sept. 30, 2005 nominal roll that was submitted to INAC.	
c) How many High Cost Special Needs were **not** identifed as receiving Special Education Services on the Sept. 30, 2005 nominal roll that was submitted to INAC.	

Of the number of High Cost Special Needs Students identified in question 3a):

4. a) How many received special education services for the 2005-2006 school year, and **not** in the previous school year?	
b) How many received special education services in both this year and last year?	

High Cost Special Education Program Delivery:	
5. a) How many students from question 3a) are in regular classrooms with no specialized/resource program?	
b) How many students from question 3a) are in regular classrooms with part-time specialized/ resource programs?	
c) How many students from question 3a) 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 **referred** for assessments during this school year?	
7. Of these, how many students received completed assessments 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 identified 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?	

Of the students in question 10, how many achieved:

12. 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

Part B: SPECIAL EDUCATION POLICY INFORMATION - To effectively administer a special education program, a policy must be in place to ensure that a child's needs are being addressed. It is recognized that schools will require time to establish such a policy, however, progress on this must be measured in order to assess funding requirements. Further comments to describe progress are welcome.

13. Does this organization have a formal written Special Education Policy?	Yes ~ No ~

14. If yes, how was it developed (check all that apply)?
~ FNRMO   ~ INAC regional office   ~ provincially
~ Aboriginal Organization (specify)_____ ~ Other (specify)_____

15. Did First Nations schools have input into the policy?	Yes ~ No ~
16. Do First Nations schools served by this organization have a copy of the policy?	Yes ~ No ~

17. If this organization **does not** have have a formal written Special Education Policy, how will this policy be developed (check all that apply)?
~ FNRMO   ~ INAC regional office   ~ provincially
~ with an Aboriginal Organization(please specify)_____ ~ Other (specify)_____

18. How many First Nations schools have a formal written Special Education Policy in place?	

19.	For those that have a Special Education Policy in place:	
	1. How many were developed by the band school?	
	2. How many were developed by the INAC regional office?	
	3. How many were developed by the province?	
	4. How many were developed with an aboriginal organization:	
	5. How many were developed by another entity? (specify entity)_____	

20. Does the FNRMO policy include/ support (check all that apply)	
9 a referral process	9 an identification process
9 early childhood screening process	9 process for integrating community services
9 an inclusion philosophy statement	9 transition process[1]
9 parental approval	9 assessment protocols[2]
9 individual education plan procedures	9 allow for alternate placement
9 evaluation process	9 culturally appropriate
9 appeal process	9 guidelines for funding
9 professional development training	9 program management (monitoring evaluation)

Comments

Part C: SCHOOL STAFF - number of all teaching staff, para-professionals and teachers assistants that provide services to high cost special needs students (moderate to severe)*.

21.	In total, how many teaching staff are employed in this school **and** working with high cost special needs children?	
22.	How many teaching staff from question 17 are qualified special education teachers[3]?	
23.	How many teaching staff from question 17 are provincially certified teachers but are not qualified special education teachers?	
24.	How many teaching staff from question 17 are certified as para-professionals[4] or teacher assistants. Specify certification program(s):_____	
25.	How many teaching staff from question 17 are uncertified para-professionals, teacher assistants or other (specify other) _____	
26.	In total, how many teaching staff are enrolled in special education certified training?. Specify certification program(s):_____	
27.	How teaching staff from question 18 are provincially certified teachers?	
28.	How many teaching staff from question 18 are para-professionals, teacher assistant or other (specify other) _____	
29.	In total, how many teaching staff are engaged in at least one professional development activity (see Part D)?	
30.	How many teaching staff are engaged in one-on-one activities with high cost special needs students?	
31.	How many teaching staff are engaged in high cost special student group activities (more than one child but not a whole class)?	
32.	How many teaching staff are teaching a whole class of high cost special needs students.	

1. **Transition** – The process of continuity of student programs and services as the student passes through the educational system.
2. **Assessment Protocols** - For the purpose of identifying High Cost Special Needs Students.
3. For the Ontario region, a qualified special education teacher means someone who has one OR all of the following: Special Education Part 1, Special Education Part 2, Special Education Specialist.
4. Para-professionals – Support staff such as speech aides, inclusion facilitators, tutor escorts, Elders, etc.

Part D: SPECIAL EDUCATION PROFESSIONAL DEVELOPMENT

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

9 In-school training   9 Workshops   9 Conferences   9 University / College Courses
9 Coaching / Mentoring   9 None   9 Other:_____

34. If applicable, what professional development and program support services did the FNRMO make available to schools?

	# of schools that participated		# of schools that participated
~ In-school training		~ University / College Courses	
~ Workshops		~ Coaching / Mentoring	
~ Conferences		~ Other (specify):_____	
~ None	N/A	_____	

Comments

Part E: PROFESSIONAL SERVICES PROVIDED

35. Identify (✓) the Professional Services being provided now to high cost special needs students.

Identify (✓) the Employer(s) for each Professional

Type of Services	assessment[1]	intervention[2]	ongoing[3]	First Nation	FNRMO/ Tribal Council	Provincial School Board	Other Employer (specify)
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[4] (both initial assessment and, if purchased, maintenance)							
Supported Technology							
One-on-one full time support							
Other							

1. Assessment refers to the process of identifying high cost special needs students.
2. Intervention refers to helping develop student's program, but not a resource or regular member at the school; and
3. On-going refers to part of regular high cost program
4. 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.

PART F: OTHER AGENCIES - In order to be effective, Special Education requires established links with other community programs and services.

36. What other agencies and programs do the schools collaborate with to provide support and service to high-cost special needs students and their families?			# of Schools receiving services
Child and Family Services	In the community ~	Outside community ~	
Social Services	In the community ~	Outside community ~	
Health Services	In the community ~	Outside community ~	
Social Assistance	In the community ~	Outside community ~	
Day Care	In the community ~	Outside community ~	
Head Start	In the community ~	Outside community ~	
First Nations Organizations *(please list)*			
	In the community ~	Outside community ~	
	In the community ~	Outside community ~	
Provincial Education Ministries	In the community ~	Outside community ~	
Provincial School Boards or School Divisions	In the community ~	Outside community ~	
Support / Advocacy Organizations*	In the community ~	Outside community ~	
Interagency organizations	In the community ~	Outside community ~	
Other (*please specify)*	In the community ~	Outside community ~	

37. What links has this organization established with related organizations, please check all that apply			
Organization	First Nation	Provincial	National
Health Organizations			
Ministries of Education			
School Boards			
Child and Family Service Agencies			
Post Secondary Institutions			
Advocacy Groups			
Other (please specify)			

Comments

PART G: PARENT / CAREGIVERS INVOLVEMENT - (those that were provided with this opportunity) 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.

38. Number of First Nations schools that have made efforts to make parents/caregivers aware and informed of their Special Education Policy and services available to their children in the schools and community agencies?	
39. Number of First Nations schools that have provided parents/care givers with written documentation about Special Education policy and services available to their children?	
40. Number of First Nations schools whose parents/care givers are involved in the development, implementation and evaluation of the IEP for their children and provided with a copy of assessment reports?	
41. Number of First Nations schools that require parents/caregivers to authorize in writing any assessments/IEP's and transmission of information to other involved agencies?	
42. Number of First Nations schools whos parents/care givers are involved in pre- and post-assessment consultation with professionals and in providing feedback to the school administration about their level of satisfaction with the progress of IEPs ?	

Comments

SECTION H: HIGH COST SPECIAL EDUCATION NEEDS NOT MET FOR STUDENTS IDENTIFIED AS HIGH COST SPECIAL NEEDS - INAC continues to request from Treasury Board 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.

43. How many communities/schools were able to provide appropriate services for all students identified as High Cost Special Needs Students?	
44. How many communities/schools were not able to provide appropriate services for all students identified as High Cost Special Needs Students?	

For those that were not able to provide appropriate services, a Needs Not Met form (page ?) is to be filled out to identify all students affected and is to be kept at schools. Please aggregate the information collected on these form in order to respond to the questions below.

45. How many identified students did not have any of their high cost special needs met?	
46. How many identified students had their high cost special needs partially met?	

47. Of the student identified in questions 40. and 41., how many:

A) were assessed by a specialist		D) received a medical diagnosis	
B) were assessed by staff		E) have had no assessment	
C) were assessed through teacher observation/ screening		F) other _____	

48. Of the student identified in questions 40. and 41., 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/Optometrist	
F) Medical Diagnostician		N) Assistive Devices	
G) Supported Technology		O) Other (specify)	
H) One-on-one full time support			

49. 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) ~ Lack of qualified staff	$
g) ~ Outstanding assessments	#
h) ~ Lack of funding for assessment	$
i) ~ Other_____	$

Comments

PART I: SERVICES PROVIDED BY FNRMO

What type of information services did your organization provide to the schools that it serves?

Types of Information Services		# of Schools that received information services
50. Publications on specific issues (i.e. FAS/E)	Yes ~ No ~	
51. Resource/ Help phone line	Yes ~ No ~	
52. Newsletters	Yes ~ No ~	
53. Web-site or email support networks	Yes ~ No ~	
54. Regional conferences	Yes ~ No ~	
55. Other (please specify)	Yes ~ No ~	

What type of support services did your organization provide to the schools it serves?

56. What type of *assessment support services* did your organization provide?			
Staff	# of assessments conducted	# of schools that received assessment services	# of assessments that were provided follow-up support
Educational Psychologists			
Speech and Language Specialists			
Special Education Consultants			
Other (please specify			

57. What type of *administrative support services* did your organization provide?		# of schools that received services
Common purchase of resources (e.g. books, assessment tools, software)	Yes ~ No ~	
School staff recruitment	Yes ~ No ~	
Curriculum adaptation/support	Yes ~ No ~	
Other (please specify)	Yes ~ No ~	

58. What type of *telephone support services* did your organization provide?		# of calls received
Resource/help phone line	Yes ~ No ~	
Regional Managing Organization Office staff	Yes ~ No ~	
Speech-Language Specialist	Yes ~ No ~	
Special Education Consultant	Yes ~ No ~	
Educational Psychologist	Yes ~ No ~	
Other (please specify)	Yes ~ No ~	

59. What type of Special Education *information sharing* did your organization provide?		
Special Education Newsletters	Yes ~ No ~	# of issues per year_____ # distributed per issue_____
Special Education Publications	Yes ~ No ~	# of issues per year_____ # distributed per issue_____
E-mail Special Education Support Networks	Yes ~ No ~	# of registered participants_____ # of support networks_____
Website Special Education Information	Yes ~ No ~	# of downloadable documents_____ # of links to other resources/sites_____
Regional Special Education Conferences	Yes ~ No ~	# of regional conferences_____ # of participants_____

Success Stories, Best Practices and Suggestions for Improvement

Additional Comments

#	Please identify the section/question(s) you are referring to

Please attach copies of all comments in Part J of school reports.

SPECIAL EDUCATION

OVERVIEW

INAC will arrange for the administration of funding for the SEP with Chiefs and Councils or their organizations (including those operating under self-government, sectoral or alternative funding arrangements) by entering into agreements with educational organizations, facilities or agencies for the provision of special education services and programs. Based on the identified special needs of students, SEP funding will include timely funding arrangements that will provide First Nations with the support to deliver appropriate programs for students identified with moderate to profound special education needs.

Special education programs and services in the SEP are divided into two categories: direct service delivery and indirect service delivery, as described in the eligible expenditures' on page 24. The maximum amount of SEP funding that can be spent on indirect services is 25% of the annual new funding, leaving a minimum of 75% for direct services.

FNRMO are eligible to manage the SEP funding provided they meet the minimum national requirements of a FNRMO listed on page 23. Until June 2005, only the First Nations Education Steering Committee (FNESC) in British Columbia, and the First Nations Education Council (FNEC) in Quebec are eligible to receive 100% of the funding to deliver both direct and indirect special education programs and services. Until the program authorities for SEP funding are renewed, FNRMO in other regions are eligible to manage the indirect portion (up to 25% of the new funding), with the potential to manage the full envelope after June 2005. INAC regional offices will administer the direct services portion of the funding (75%) until June 2005.

Regional Offices, First Nations and FNRMO are required to report on SEP expenditures and programming information as specified in the Terms and Conditions of funding arrangements and through the provision of annual audits.

In keeping with the traditional values and culture of First Nations, it is essential to recognize that special education policy must be responsive to the educational needs of First Nation children.

ELIGIBILITY

Band-operated schools will be considered a priority for SEP funding in order to address the gap between provincial and band-operated programs and services. The objective of the program is to provide eligible students with education programs and services of a standard comparable to that of other Canadians.

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. Recipients are required to demonstrate the eligibility of students for funding, according to the following criteria:

< children or dependants of Indians (i.e., persons who are Indians in the meaning of the Indian Act), or band or federal employees enrolled in and attending a federal, provincial, band-operated or private/independent school;
< aged 4 to 18 years (or the age range eligible for elementary and secondary education support in the province of residence) on December 31 of the school year in which funding support is required; and,
< be ordinarily resident on reserve or an approved settlement on crown lands - meaning that they usually live at a civic address on reserve, or are children in joint custody who live on reserve most of the time, or are staying on reserve and have no usual home elsewhere. Students continue to be considered ordinarily resident on reserve if they return to live on reserve with their parents, guardians or care givers, even if they live elsewhere while attending school.

SPECIAL EDUCATION

The nominal roll student registry system contains data about the students including their school of attendance, band of residence and status. Information shown on the nominal roll shall be supported by the student records maintained by the school and, where applicable, records in the Indian Registry. All questions should be directed to the respective region and FNRMO if applicable.

ROLES AND RESPONSIBILITIES

INAC Headquarters will be responsible for the management and administration of SEP nationally, and achieving the planned results within the resources made available.

INAC Regional offices are responsible for implementing and administering the SEP in accordance with the national program terms and conditions and guidelines. The regions are also responsible for assessing the applications for SEP funding to ensure that all program terms and conditions are met, and for establishing FNRMO as required.

First Nations are responsible for providing the direct services to students and accessing indirect services from a FNRMO where available. First Nations are also responsible for providing regional offices with program and financial information, data and other documentation as agreed to in funding arrangements and by INAC's First Nation Year-End Reporting Guide. All First Nations are required to have a written Special Education policy.

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.

FIRST NATION REGIONAL MANAGEMENT ORGANIZATIONS (FNRMO)

Regional organizations that manage the SEP funding, or a portion thereof, are designated First Nation Regional Managing Organizations (FNRMO). In order to respect First Nations autonomy and diversity, regions/provinces are not limited to having one FNRMO. In the cases where there is more than one FNRMO, the maximum 25% from new funding for indirect services will be allocated between them by region. For those FNRMO who do not qualify for Tribal Council funding, indirect SEP funding may be used for administrative support up to a maximum of 10% of the indirect SEP funding.

In order to enable flexibility and account for regional variances, provinces/regions will be responsible for the development of a regional application and approval process for establishing FNRMO's. Regions will also be required to develop their own measures of readiness when determining which FNRMO will deliver the full envelope of SEP funding in the future. All FNRMO must, however, meet the minimum requirements as listed below.

Minimum National Requirements for a First Nation Regional Managing Organization (FNRMO)
A general framework for an FNRMO has been developed to enable flexibility and to account for regional variances. In order for an organization to be considered an FNRMO, it must meet the following minimum requirements. In general, an FNRMO shall
- Have a documented management framework outlining the governance structure;
- Have documented support from its member First Nations (Band Council Resolutions, letters, etc);
- Have documented policy guidelines, both general to the FNRMO and specific to First Nations Special Education;
- Have a workplan, including a budget and evaluation component;
- Provide second and third level services; and
- Demonstrate economies of scale.
Note: Flow through organizations do not quality as FNRMO.

SPECIAL EDUCATION

FNRMO Phases of Development
Recognizing that organizations, both new and existing, within the provinces/regions are at various stages of readiness in terms of having the capacity to be an effective FNRMO, a list of suggested activities and phases is provided. It is important to note that this list is not intended to be restrictive or limiting in any way. It is meant to provide some clarity in terms of the types of activities and services an FNRMO may provide at various stages of development.

Phase 1
- Provision of Indirect Services
- Capacity Building of FNRMO;
- Further development of workplan and governance structure;
- Development and implementation of a communication strategy to share information with First Nations and to engage First Nations input;
- Development and implementation of an accountability strategy (reporting to First Nations and government);
- Policy development; and
- Knowledge of local/provincial legislation and special education policies.

Phase 2
- Continued Provision of Indirect Services;
- Continuation of the activities in Phase 1;
- Implementation of workplanning;
- Assist in capacity building within First Nations communities and schools;
- Provide professional development opportunities for staff working with First Nations students with special needs;
- Produce publications related to special education;
- Provide bulk purchasing opportunities to enhance economies of scale;
- Participate in the elevating the awareness of issues related to First Nations special education;
- Conduct research in areas related to First Nations special education;
- Develop or participate in the development of culturally relevant assessment tools and curriculum;
- Liaise with regional and provincial organizations as well as institutions such as colleges and universities;
- Communicate and coordinate activities with First Nations and other Provincial/regional bodies; and
- Negotiate the integration of services for students.

Phase 3
- Provision of both direct and indirect services;
- Continuation of the activities of phases 1 and 2;
- Provide assessments;
- Review assessments and determine eligibility for SEP funding;
- Provide specialists who participate in the development and implementation of programs for individual First Nations special needs students;
- Administer both direct and indirect service delivery funds;
- Monitor the service delivery of students receiving SEP funding; and
- Report on the full SEP program funding.

ELIGIBLE EXPENDITURES

The screening of students is part of classroom management, not the SEP.

Direct Services to students shall include the following classroom or school based services:
- Elder services;
- Counselors;

SPECIAL EDUCATION

- Arranging and completion of assessments of students using provincially recognized methods and techniques;
- Developing and monitoring individual education plans (IEP);
- Salary for teachers and classroom para-professionals;
- Hiring or contracting for professional services such as education psychologists, speech and language therapists, and resource and learning assistance staff;
- Acquiring relevant teaching material, equipment assessment materials and student technical equipment;
- Tuition accommodation and transportation costs for students attending a specialized school whose program is designed to meet their needs;
- Educating and training community members and parents to support special education;
- Teacher and classroom para-professional training specifically for delivery of a student(s) program;
- First Nations parents and family members of special need children will be encouraged to play a central role in the education of their child. Specialized training regarding the special needs of their child will be offered;
- Purchasing of teaching and testing materials; and
- Reporting of data as per reporting requirements.

Indirect Services to students shall include the following FNRMO based programs and services:
- Supporting First Nations and federal schools with the design and implementation of special education programs and services;
- Professional development and other instructional support including; information and self-teaching materials for teachers, para-professionals and parents;
- Conduct research to adapt or develop approaches to special education that are culturally appropriate to First Nations students;
- Hiring or contracting for professional and consultative services such as education psychologists, speech and language therapists, and resource and learning assistance staff;
- Developing relevant teaching materials, programs and equipment;
- Supporting improved coordination with other community programs such as Early Childhood Development, HeadStart, child care, and FAS/FAE programs;
- Liaising with provincial education authorities entering into agreements and ensuring appropriate payments for special education services;
- Administering SEP;
- Counselors;
- Elder services;
- Educating, training community members and parents to support special education;
- First Nations parents and family members of special need children will be encouraged to play a central role in the education of their child. Specialized training regarding the special needs of their child will be offered;
- Establishing and developing protocols with other community agencies (ie. CFS, Social Assistance;
- Community awareness programs; and
- Reporting of data as per reporting requirements.

SUMMARY OF REPORTS REQUIRED AND DUE DATES

First Nation School Annual Report on the Special Education Program (SEP) DUE annually on May 15	First Nation Regional Managing Organization Annual Report on the Special Education Program (SEP) DUE annually on May 15

SPECIAL EDUCATION

DATA ELEMENTS DEFINITIONS AND SOURCE

This table describes the data to be collected. The various data elements are required for accountability and resourcing purposes. Nominal Roll information is based on Nominal Roll forms submitted by First Nations on October 15 of the previous year. Information shown on the nominal roll shall be supported by the student records maintained by the school and, where applicable, records in the Indian Registry.

Data Element	Description
total number of students	Partly from the November 1 nominal roll. Any students that were diagnosed as requiring High Cost Special Education **after** the November 1 census data, are to be included in the total students.
high cost special needs students	Students with severe learning disabilities, emotional or physical conditions that require highly specialized and costly instructions and program material. *Source: Medical Certificate/Assessment*
assessments	Assessments are carried out by medical personnel.
certified teachers	Teachers certified in the province they are employed
qualified special education teachers	Certified teachers qualified to teach special education in the province they are employed
para-professional workers	Staff that work with high cost special education students.
Other staffing for special needs	Professionals certified as per provincial standards.

POST-SECONDARY EDUCATION (PSE)

Note:

First Nation PSE administrators are to record the name and number of PSE institutions for each student receiving PSE funding. A list of Post-Secondary Institutions is provided to administrators by regional offices. If the institution being applied for by the student is not on this list, please contact your region office as it may still be eligible.

Additional information can be obtained from your local INAC regional office (Tab A).

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.

< Insert the name and number of the First Nation administering organization.
< List identifying student information, including Indian Registry Number, full name, date of birth and gender. This information must exactly match the information currently listed in the Indian Registry.
< List whether they are attending full time or part time;
< List all academic information, including the name and number of institution that they are attending, the major area of study being undertaken (see table 1 below for codes), and the qualification sought (see table 2 below for codes)
< Academic year/level of study in which the student is currently enrolled, this cannot exceed the length of the program. Academic year/level of study does not refer to how many years the student has been enrolled in the program, but the current level the student is at, as recognized by the institution. The current year can be a number from 0 to 5, depending on the length of the course that is being taken.
< List the length in years of the degree, diploma or certificate as outlined in the Academic Calender of the PSE institution that the student is attending.
< Sign and date the form when completed.

Table 1		
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, below)		U52
Native Studies	C09	U61
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
Natural Sciences & Primary Industries	C10	
Social Sciences (& Services)	C11	U62
Humanities (& Related)	C12	U63
Other	C99	U99

Table 2	
Qualification / Code	**Description**
1 - Non-university	Non-university type certificate or diploma
2 - Undergraduate	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.)
3 - Graduate	Licence graduate, Master's degree and qualifying year (excludes MDiv), PhD and qualifying year, Earned doctorate, Graduate-level certificate or diploma
4 - Not seeking qualification	Special students, Auditors, Students taking courses for credit elsewhere, Other

2005-2006 - REGISTER OF POST-SECONDARY EDUCATION STUDENTS IN ATTENDANCE ON NOVEMBER 1, 2005

Name of Administering Organization:

Number of Administering Organization:

Indian Registry Number **or** check Inuit	Please note that the Family Name, Given Name, Initial and Date of Birth must match the information listed in the Indian Registry.				Attendance	Name and Number/code of PSE Institution (PSEI)	Qualification Sought (circle one)	Major Area of Study (see back of form for codes)	Current Academic Year / Level of Study (circle one) *	Academic Program Length in Years as per PSEI's Course Calender (circle one)*	UCEP** Student?
	Family Name	Given Name & Initial	Date of Birth yyyy/mm/dd	Sex							
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
|_|_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
University/College Program						Non-University (1) Undergraduate (2) Graduate (3) Not seeking a qualification (4) ⬅			Enter '0' if less than one year. ⬅		**University/ College Entry Program**

* Current Academic year does not refer to how long the student has been attending the program, but to the current level of study of the academic program in which the student is currently enrolled. Current Academic Year/Level of Study cannot exceed Program Length*

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

Prepared by: Phone Number:	Title:	Signature:	Date:

TPMS RR CODE: 0030

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, and for all sutdents hwo have received funding over the previous fiscal year.

INSTRUCTIONS:

< Insert the name and number of the administering organization.

For all students that have graduated during the previous fiscal year:

< List identifying student information, including Indian Registry Number, full name, date of birth and gender. This information must exactly match the information currently listed in the Indian Registry.

< List whether they are attending full time or part time;

< List all academic information, including the name and number of institution that they are attending, the major area of study being undertaken (see table 1 below for codes), and the qualification sought (see table 2 below for codes)

< Academic year/level of study in which the student is currently enrolled, this cannot exceed the length of the program. Academic year/level of study does not refer to how many years the student has been enrolled in the program, but to the current level the student is at, as recognized by the institution. For graduates, the current Academic year/level of study should equal the length in years of the degree, diploma or certificate.

< List the length in years of the degree or diploma or certificate as outlined in the PSE Institutions Academic Calender.

For students that received PSE funding during the previous fiscal year:

< Provide the actual number of post-secondary students funded for the previous fiscal year.

< Sign and date the form when completed.

Table 1		
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, below)		U52
Native Studies	C09	U61
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
Natural Sciences & Primary Industries	C10	
Social Sciences (& Services)	C11	U62
Humanities (& Related)	C12	U63
Other	C99	U99

Table 2	
Qualification / Code	**Description**
1 - Non-university	Non-university type certificate or diploma
2 - Undergraduate	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.)
3 - Graduate	Licence graduate, Master's degree and qualifying year (excludes MDiv), PhD and qualifying year, Earned doctorate, Graduate-level certificate or diploma
4 - Not seeking qualification	Special students, Auditors, Students taking courses for credit elsewhere, Other

1. 2004-2005 REGISTER OF POST-SECONDARY EDUCATION *GRADUATES*:

List the students that graduated between April 1, 2004 and March 31, 2005.

Name of Administering Organization:

Number of Administering Organization:

Indian Registry System (IRS) Number **or** check Inuit	Please note that the Family Name, Given Name, Initial and Date of Birth must match the information listed in the Indian Registry.			Sex	Attendance	Name and Number/Code of PSE Institution (PSEI)	Qualification Sought (circle one)	Major Area of Study (see back of for codes)	Current Academic Year/Level of Study (circle one)*	Academic Program Length in years as per PSEI's Course Calender* (circle one)	UCEP** student?
	Family Name	Given Name & Initial	Date of Birth yyyy/mm/dd								
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~
_|_|_|_|_|_|_| or Inuit ~				M ~ F ~	Full-time ~ Part-time ~	PSEI Name: PSEI Number: |_|_|_|_|_|_|_|	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes ~ No ~

Non-University (1)   Undergraduate (2)   Graduate (3)   Not seeking a qualification (4)

Enter '0' if less than one year.
*For graduates, Current Academic Year/Level of Study should equal Program Length.

University/College Entry Program

2. SUMMARY TOTAL OF PSE *STUDENTS,* INCLUDING GRADUATES, FUNDED DURING FISCAL YEAR 2004-2005:

How many students received PSE funding between April 1, 2004 and March 31, 2005 from this Administering Organization?:

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

Prepared by:	Title:	Signature:	Date:
	Phone Number:		

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

TPMS RR CODE: 0031

Canada

POST-SECONDARY EDUCATION

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

POST-SECONDARY EDUCATION (PSE)

OVERVIEW

Indian and Northern Affairs Canada (INAC) encourages and supports the educational and/or career development opportunities of registered Indians and Inuit through the provision of financial assistance for post-secondary education studies through the **Post-Secondary Student Support Program**. This is expected to improve access and participation of First Nation and Inuit students in post-secondary studies and lead to higher graduation rates from post-secondary programs. It is expected that students participating in this program will have education outcomes comparable to other Canadians with similar education backgrounds and there will be an improvement in their labour market participation rates.

Under the department's Post-Secondary Student Support Program (PSSSP), and University and College Entrance Preparation Program (UCEP), financial support is provided to eligible registered Indians and Inuits toward the costs of their post-secondary education. First Nation and Inuit organizations managing these programs as well as their delegated administering authorities are responsible for reporting on identified student data.

The *Register of Post-Secondary Education Students* is an annual report to INAC that requires:
< Indian Registry number, date of birth, gender and student's full name receiving post-secondary funding;
< name and number of the post-secondary institution attended by each student, area of study, length of the program, current year of study and qualification being sought; and
< whether or not a student is in attendance part-time or full-time.

Band councils must also submit an annual *Register of Post-secondary Education Graduates / Summary Total of PSE Funded Students* that gives a breakdown of students who have completed their studies in the past year, including:
< detailed student information on all graduates; and
< the actual total number of students who received post-secondary education funding in the previous year.

The **Indian Studies Support Program** supports the development and delivery of college and university level courses for Indian and Inuit students, and research and development on Indian and Inuit education. This is expected to increase PSE participation by eligible Indian and Inuit students by increasing the availability of post-secondary education programs tailored to their particular cultural and educational needs. This in turn will foster enhanced educational outcomes for Indian and Inuit post-secondary students, and reduce the gap with other Canadians.

SUMMARY OF REPORTS REQUIRED AND DUE DATES

Register of PSE Students	**Register of PSE Graduates / Summary Total of PSE Funded Students**	**Indian Studies Support Program (ISSP)**
DUE annually on December 31, based on census date of November 1	DUE annually on December 31	DUE annually, date set by INAC regional office

POST-SECONDARY EDUCATION (PSE)

DATA ELEMENTS DEFINITIONS AND SOURCE

This table describes the data to be collected. The various data elements are required for accountability and resourcing purposes. For some data, the source is a formal document such as a university transcript.

Data Element	Description
Indian Registration Number	Because only registered Indian and eligible Inuit individuals are entitled to PSE funding, this data element will confirm their registration. *Source: Student's status card*
	For registered Indian students, the student name, date of birth and gender must match the information listed in the Indian Registry in order to be inputted into the Nominal Roll System.
Student's Full Name (first name and surname)	This information is required for administrative purposes to further identify the student. *Source: Student's status card or transcript*
Date of Birth Gender	This information is required for administrative purposes (Note: Birth date and gender are required for all students.) *Source: Student's status card or transcript*
Administering Organization	The number of the funding organization that is responsible for managing the allocation of funds for this student. This information is required for administrative purposes to clearly identify the organization responsible for managing the allocation of funds for the student. *Source: First Nation*
Institution Name and Number	Name and Number of institution as per the list of Post-Secondary Institutions provided by your regional office. If the institution being applied for by the student is not on this list, please contact your region office. This information is required for administrative and operational needs. *Source: Institution File*
UCEP	This information is required to better identify programs.
Graduation	Successful completion of post-secondary program from which the student is being funded for. This information is required to monitor the effectiveness of post-secondary funding to First Nations, in comparison with other Canadians. *Source: Transcript*
Major Area of Study	The major area of study that the student is enrolled in. This information is required to monitor the effectiveness of post-secondary funding to First Nations, in comparison with other Canadians. *Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution*
Qualification Sought	The type of degree, certificate or diploma sought by student. This information is required to monitor the effectiveness of post-secondary funding to First Nations, in comparison with other Canadians. *Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution*
Length of Program	The duration of the program (in years) as determined by the institution, required to complete the program on a continuing full-time basis. This is not the time it takes for the student to complete the program. The duration of the program cannot exceed 5 years. This information is required to monitor the effectiveness of post-secondary funding to First Nations, in comparison with other Canadians. *Source: Transcript or institution*
Current Year of Study	The year of study in which the student is currently enrolled. The year of study in which the student is currently enrolled cannot be greater than the duration in years of the program. This information is required to monitor the effectiveness of post-secondary funding to First Nations, in comparison with other Canadians. *Source: Transcript*
Attendance	Whether the student is enrolled on a full-time or part-time basis. This information is required to monitor the effectiveness of post-secondary funding to First Nations, in comparison with other Canadians. *Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution*

SOCIAL DEVELOPMENT

What's New

Child and Family Services

The Flexible Funding Option for Maintenance (FFOM) is a new Treasury Board funding authority obtained by INAC in 2003 and implemented on April 1, 2004. This authority gives Child and Family Services agencies the flexibility to reinvest maintenance funding into prevention services. Prevention services aim to reduce the incidence of family dysfunction and breakdown, and the need to take children into alternate care.

The FFOM authority is INAC's response to recommendations of the Joint National Policy Review. The methodology and reporting requirements were developed in consultation with Regions, First Nations, and the Assembly of First Nations. For those agencies that qualify to operate under FFOM, the new *Child and Family Services Quarterly Report* captures maintenance expenditures and the reinvestment of maintenance resources in prevention strategies, including kinship care. A child is in kinship care when they are out of the parental home, but not in foster, group or institutional care, and are not necessarily under the care of the Minister.

Kinship care, where legislated by the province in which the CFS agency is registered, does need to be tracked to determine whether INAC should seek authority to include it under maintenance expenditures. Tracking the reinvestment of all maintenance resources in prevention services will enable INAC to assess whether findings are consistent with a growing body of evidence that suggests more investment in family support services can assist in preventing more intrusive and costly forms of intervention.

National Child Benefit (NCB)

In order to easily identify the main objective and the activity area targeted for each reinvestment program, objective and target fields were added to the *NCB First Nations Annual Report on Reinvestment*. Also, to assist INAC when reporting to Parliament on program results, these two questions were added to the form:
   - How many families benefited from this reinvestment program?
   - How many children under 18 benefited from this reinvestment program?

Family Violence Projects Annual Report

First Nations administrators must report on which target area or topic each Family Violence Project meets. To assist with this, a list of target areas and topics is included in the instructions and space to report these fields is included on the annual report.

SOCIAL DEVELOPMENT

FORMS

Additional information can be obtained at your INAC regional office (see Tab A)

SOCIAL DEVELOPMENT

For First Nations Funded on a REIMBURSEMENT Basis under a Comprehensive Funding Agreement:

INCOME 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 Income Assistance on a reimbursement basis are required to submit monthly Income Assistance Monthly Program Reports that provide statistics on Income Assistance expenditures and recipients. **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 Income Assistance will include:**

< the number of families, the number of people in each family, the number of singles, and the gender and age of Income Assistance recipients;

< the various reasons why individuals and their dependents are receiving Income 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 Income 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).

Data element definitions for Income Assistance are available on page 31.

CONTACT REGIONAL OFFICE FOR REPORTING FORMS/REQUIREMENTS

TPMS RR CODE: 0041

SOCIAL DEVELOPMENT

For First Nations funded on a FIXED VOLUME basis through multi-year funding agreements (FTA/CFNFA/DFNFA):

INCOME 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, the number of singles, and the gender and age of Income Assistance recipients by the following reasons:
1. Employable
2. Unemployable - Single Parent
3. Unemployable - Disabled
4. Unemployable - Other

(Note: Annual Monthly Average = the total annual Income Assistance cases divided by 12, where the cases are expressed in full monthly equivalents; e.g., count the case if the recipient is receiving Income 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 Income Assistance Transfer (e.g., Work Opportunity Program and/or ICHRS) for Income Assistance recipients (not beneficiaries).

Dollars transferred: Complete the total annual amount of funds transferred from Basic Needs to Income Assistance Transfer initiatives.

Number of Projects: Complete the annual total number of Income Assistance work/training projects approved.

< **Number of children out of parental home:** Complete the annual average monthly number of children out of parental home.
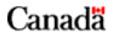
< Sign and date the completed form.

Data element definitions for Income Assistance are available on page 31.

INCOME ASSISTANCE ANNUAL REPORT
First Nations Funded Income Assistance Through Fixed Volume FTA/CFNFA/DFNFA
For the Fiscal Year _____

First Nation Name	First Nation Number

Income Assistance (IA) - Basic Needs
Annual Monthly Average Income Assistance Recipients by Reason for Requiring Assistance

Reasons for Receiving IA	On Reserve			Off Reserve (Ontario only)		
	Annual Monthly Average No. of Families Receiving IA	Annual Monthly Average No. of persons in Families Receiving IA	Annual Monthly Average No. of Singles Receiving IA	Annual Monthly Average No. of Families Receiving IA	Annual Monthly Average No. of persons in Families Receiving IA	Annual Monthly Average No. of Singles Receiving IA
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 IA 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

For all First Nation organizations that administer the CFS program, regardless of funding.

SOCIAL SUPPORT SERVICES
CHILD AND FAMILY SERVICES *OPERATIONAL* REPORT

DUE DATE: 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 HOME/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.

Data element definitions for Child and Family Services are available on page 32.

CHILD AND FAMILY SERVICES *OPERATIONAL* REPORT

Administering First Nation or agency	Arrangement number/type

Period month/year

1. Prevention services	# of families Served	# of children Served	2. Protection services	# of families Served	# of children Served
a. List of services provided (specify)			a. List of services provided (specify)		
I.			I.		
ii.			ii.		
iii.			iii.		
iv.			iv.		
Complete the following only where applicable					
b. Number of local child and family service committees			b. Number of foster 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

For First Nations under CFA: TPMS RR CODE: 0047
For First Nations under FTA/CFNFA/DFNFA: TPMS RR CODE: 0044

SOCIAL DEVELOPMENT

CHILD AND FAMILY SERVICES MAINTENANCE REPORTS

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/child data:** Insert the band number and name for each child 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 child's status number and gender. Provide the custodial parent/legal guardian's full name and the child's date of birth. Also, indicate the residency status of the custodial parent/legal guardian.

< **Dates of admission/discharge:** Indicate the dates of admission and of discharge (if the child has been discharged from care). For placements continuing from previous months, give the first day of the month as the date of admission. If the child is still in care at the time of the report, leave the discharge date blank.

< **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:
   - 02371 - Foster home
   - 02372 - Group home
   - 02370 - Institutional care

< **Per diem (Daily Rate):** Give the daily rate for the service used. In some provinces, this may be a monthly rate. 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 and set out in INAC regional CFS Manuals.

< **Number of days in care:** 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.
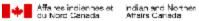
< Sign and date the completed form.

For agencies under FFOM agreements:
< List the alternative services/activities, including prevention activities and kinship care, if legislated in your province, that were funded during the quarter being reported.
< Give details if kinship care was provided.

Data element definitions for Child and Family Services are available on page 32

CHILD AND FAMILY SERVICES *MAINTENANCE MONTHLY* REPORT

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

Administering First Nation or agency	Administering First Nation or Agency Number

period month/year

*If there is a change in type of placement and/or daily rate during this reporting period, the child must be tracked as a separate entry, on a separate line.		IRS Number	Gender (M/F)	Date of Birth (YYYY-MM-DD)	Did the Custodial Parent/Former Guardian reside on-reserve at the time the child came into care? (Y/N)	Custodial Parent/ Former Guardian name	Date of Admission (YYYY-MM-DD) if admitted within this Quarter	Date of Discharge (YYYY-MM-DD) if discharged within this Quarter	Admission Status Type (V)oluntary care ward, (T)emporary ward, (P)ermanent (Crown) ward	# days in care	daily rate*	type of care	Special Needs**
Family Name	Given Name												
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$
											$		$

*TYPE OF CARE: (F)oster Home, (G)roup Home, (I)nstitutional Care ←

**SPECIAL NEEDS: On a separate page, identify the Special Needs that were funded as set out in INAC regional CFS Manuals ←

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
02371	Foster Homes (Children)			
02372	Group Homes (Children)			
02370	Institutional Care (Children)			

NAME _____   TITLE _____

SIGNATURE _____   DATE _____

TPMS RR CODE: 0045

Affaires indiennes et du Nord Canada   Indian and Northern Affairs Canada

Canada

CHILD AND FAMILY SERVICES - MAINTENANCE *QUARTERLY* REPORT
for First Nations approved under the Flexible Funding Option for Maintenance (FFOM)

NOTE: The practice of administering Child and Family Services differs in each province. For example, some provinces calculate rates by month rather than by day. Some provinces have blended foster care rates and other provinces have different rates for different types of foster care. This form is a template for Regions to modify in order to accomodate the practises in their province.

Administering First Nation or Agency	Administering First Nation or Agency Number

Fiscal Year:	Quarter Being Reported (Check One):	**G** Apr-Jun (Due Jul 15)	**G** Jul-Sep (Due Oct 15)	**G** Oct-Dec (Due Jan 15)	**G** Jan-Mar (Due Apr 15)

Section A - Child Information

*If there is a change in type of placement and/or daily rate, the child must be tracked as a separate entry, on a separate line.

Family Name	Given Name	IRS Number	Gender (M/F)	Date of Birth (YYYY-MM-DD)	Did the Custodial Parent/ Legal Guardian reside on-reserve at the time the child came into care? (Y/N)	Custodial Parent / Legal Guardian* name (*does not mean caregiver)	Date of Admission (YYYY-MM-DD) if admitted within this Quarter	Date of Discharge (YYYY-MM-DD) if discharged within this Quarter	Admission Status Type (V)oluntary care ward, (T)emporary ward, (P)ermanent (Crown) ward	1st Month in Quarter # days in care	1st Month in Quarter daily rate*	1st Month in Quarter type of care	2nd Month in Quarter # days in care	2nd Month in Quarter daily rate*	2nd Month in Quarter type of care	3rd Month in Quarter # days in care	3rd Month in Quarter daily rate*	3rd Month in Quarter type of care	Special Needs**
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$
											$			$			$		$

No. of Days in care — Type of care: (**F**)oster Care, (**G**)roup Home, (**I**)nstitutional Care, and *Daily rate

*DAILY RATE: This may be a monthly rate, please insert whatever is appropriate for your province.

**SPECIAL NEEDS: On a separate page, identify the Special Needs that were funded as set out in INAC regional CFS Manuals

Summary for Maintenance Only

Type of Service	Description	Per Diem (daily rate) Maintenance	For the quarter being reported: Total Number of Children in Care	For the quarter being reported: Total Number of Days in Care	For the quarter being reported: Total Expenditures
02375	Foster Homes	$			
02376	Group Homes	$			
02377	Institutional Care	$			

CHILD AND FAMILY SERVICES - MAINTENANCE REINVESTMENT *QUARTERLY* REPORT for First Nations approved under the Flexible Funding Option for Maintenance (FFOM)

page 2 of 2

Administering First Nation or Agency:	Administering First Nation or Agency Number

Fiscal Year:	Quarter Being Reported (Check One): G Apr-Jun (Due Jul 15) G Jul-Sep (Due Oct 15) G Oct-Dec (Due Jan 15) G Jan-Mar (Due Apr 15)

Section B - List the alternative services/activities, including prevention activities and kinship care if legislated in your province, that were funded during the quarter being reported.

	How many families benefited from this service?	How many children benefited from this service?	Total Expenditures
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$
7.			$
8.			$

KINSHIP CARE is defined as when the child is out of the parental home, but is not in foster, group or institutional care, and is not necessarily under the care of the Minister.
Is "kinship care" legislated in your province? 9 Yes   9 No   If Yes, complete both Section C and D. If No, go to Section D.

Section C - List the children under kinship care for the quarter being reported.

Family Name	Given Name	IRS Number	Gender (M/F)	Date of Birth (YYYY/MM/DD)	Did the Custodial Parent / Legal Guardian reside on reserve at the time the child came into care? [Y/N]	Custodial Parent/Legal Guardian Name	Date of Placement in Kinship Care (YYYY-MM-DD)	Kinship Care Daily Rate	Special Needs (see below)	No. of Days in Kinship Care	Total Amount
								$	$		$
								$	$		$
								$	$		$
								$	$		$
								$	$		$
								$	$		$
								$	$		$
								$	$		$

On a separate page, identify the Special Needs that were funded as set out in INAC regional CFS Manuals ←

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

Name	Signature	Title	Date

TPMS RR Code: 0043

SOCIAL DEVELOPMENT

ASSISTED LIVING REPORTS

INSTRUCTIONS

< **Band Name/number/period:** Fill in the name of the band or agency responsible for administering the assisted living program. Indicate the monthly period and the year for which the report is being completed.

< **Band/Client Information**: Insert the band number, name, gender and date of birth for each client presently in care. If appropriate, give the family's name (if different from the name of the client) or the name of the institution responsible for that person.

< **Parent/guardian:** Provide the parent/guardian's full name, for the client in care.

< **Dates admission/discharge:** Indicate the dates admission and discharge (if the client has been released from care or no longer requires services). For placements continuing from previous months, give the first day of the month as the date of admission. If the client is still receiving services at the time of the report, leave the discharge date blank.

< **Type of Service:** Fill in the code to indicate the type of care service:
　　02395 - In-home care
　　02396 - Institutional care Type I
　　02397 - Institutional care Type II
　　02398 - Foster Care

< **Daily Rate:** Give the daily rate for the services used. If the client 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 client 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 assisted living recipient data according to the total number of cases, hours and days in care.

< Sign and date the completed form.

Data element definitions for Assisted Living are available on page 34.

ASSISTED LIVING *MONTHLY* REPORT
First Nations Funded Social Support Services on a Reimbursement Basis

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

Administering First Nation or Agency	Arrangement Number

Period Month/Year

CLIENT INFORMATION

Band No.	Name	Gender	Date of Birth	Name of Family or Institution (If Appropriate)	Parent/ Guardian's Name	Type of Service (02395, 02396, 02397, 02398) (SEE BELOW)	Date of admission	Date of discharge	Daily Rate	Special Needs	No. of Days	Total Amount

DATA SUMMARY

Service	Description	Total Number of Recipients in Care as of March 31	Total Number of Days (Annual Cumulative) as of March 31
02395	**IN-HOME CARE SERVICES**		
	Homemakers Services		
	Other In-home Care Services		
	INSTITUTIONAL CARE		
02396	Type I On-Reserve		
	Type I Off-Reserve		
02397	Type II On-Reserve		
	Type II Off-Reserve		
02398	**FOSTER CARE**		
	On-Reserve		
	Off-Reserve		

NAME   TITLE

SIGNATURE   DATE

TPMS RR CODE: 0050

Canadä

ASSISTED LIVING *ANNUAL* REPORT
First Nations Funded Social Support Services Through Fixed Volume FTA/CFNFA/DFNFA

Administering First Nation or Agency	Arrangement Number

Period Month/Year

CLIENT INFORMATION

Band Number	Gender	Date of Birth

Data Summary

Service	Description	Total Number of Recipients in Care as of March 31	Total Number of Days (Annual Cumulative) as of March 31
02395	**In-Home Care Services** Homemakers Services		
	Other In-home Care Services		
02396	**Institutional Care** Type I On-Reserve		
	Type I Off-Reserve		
02397	Type II On-Reserve		
	Type II Off-Reserve		
02398	**Foster Care** On-Reserve		
	Off-Reserve		

_____   _____
Name   Title

_____   _____
Signature   Date

Canada TPMS

R [flag] Affaires indiennes et du Nord Canada   Indian and Northern Affairs Canada   R CODE: 0052

SOCIAL DEVELOPMENT

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.

TOPIC CODES		TARGET GROUP CODES	
10	Child Abuse and Neglect	10	Children
11	Child Sexual Abuse	20	Adolescent - Victims
12	Child Abuse - Ritual Abuse	21	Adolescent - Offenders
13	Child Abuse - Other	22	Adolescent - Other
20	Violence Against Women/Wife Abuse	30	Adult - Survivors
22	Dating Violence	31	Adult - Offenders
23	Adult Survivors of Sexual Abuse	40	Seniors
24	Sexual Assault	50	Males
26	Spousal Assault	60	Females
30	Elder Abuse (Senior Abuse)	200	Aboriginals - Off-reserve
31	Seniors - Other	210	Aboriginals - On-reserve
40	General Family Violence	220	Métis
43	Family Violence - Aboriginal People	230	Inuit
44	Family Violence - Northern/Isolated	240	Aboriginals - Other
45	Family Violence - Training	260	Families
46	Family Violence - Healing Circles	270	Community/Communities
900	Other - Topics	900	Other Target Groups
901	Elder Teachings		
902	Anger Management		

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

FAMILY VIOLENCE PROJECTS ANNUAL REPORT

For the Fiscal Year_____

First Nation organization name	First Nation organization number

Name of project	G New **or** G Continuing from last year

Purpose of project

Activities

Schedule

Financial Resources

Family Violence Budget	$	Other	$	Total Expenditures	$

Results or accomplishments of project

Insert up to three codes per Topic/Target Group. Refer to instructions for codes.

TOPIC CODE			TARGET GROUP CODE		
1	2	3	1	2	3

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

Name	Title
Signature	Date

Affaires indiennes et du Nord Canada   Indian and Northern Affairs Canada

TPMS RR CODE: 0048

Canada

SOCIAL DEVELOPMENT

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
page 1
< Fill out one report for each shelter.

< Fill out the fiscal year for which the report is being made and the name and number of the band overseeing the project.

< Give the name of the shelter and indicate if it is a Project Haven shelter

< Indicate how is the emergency shelter funded, check all that apply.

< Indicate who operates the emergency shelter.

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

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.

Data element definitions for shelters are available on page 35.

FAMILY VIOLENCE SHELTERS ANNUAL REPORT

For the Fiscal Year _____

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

How is the emergency shelter funded? (Check all that apply)
- **9** INAC Family Violence Prevention Initiative Transfer Payments
- **9** Other Government Department
- **9** Private Agency
- **9** Provincial Government
- **9** Other: _____

Who operates the emergency shelter?
- **9** Band Operated
- **9** Corporation
- **9** Provincial/Private Agency

Over the past fiscal year, did the shelter support or provide any of the services below? (Check all that apply, see instructions for definitions)
- **9** Second Stage Housing
- **9** Transition House
- **9** Safe Home Network
- **9** Satellite
- **9** Women Emergency Centre
- **9** Family Resource Centre
- **9** Interim Housing
- **9** Other (specify)_____

For the fiscal year being reported:

How many units are in this shelter?	
How many beds for all units are in this shelter?	
How many bands served by this shelter?	
How many men were referred to other agencies by this shelter?	
How many men received non-residential services provided by the shelter?	
How many families received shelter in this facility?	
How many women received shelter in this facility?	
How many children received shelter in this facility?	
What is the total number of bed nights spent in this shelter?	
How many persons received information or counselling, but did not stay overnight?	
What were the total annual costs related to this shelter?	$

If the shelter opened during this fiscal year:

What is the actual or estimated start-up date?	____ / ____ / ____
What is the start-up cost (one-time cost associated with setting up the shelter)?	$

Please list the number and types of programs being provided by the shelters (for example, anger management, couples management, counselling)

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

Name	Title
Signature	Date

TPMS RR CODE: 0053

SOCIAL DEVELOPMENT

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

NOTE: First Nations councils funded through Comprehensive Funding Arrangements (CFA) are required to submit *monthly* data in accordance with regional requirements. Both CFA and fixed volume First Nations are to submit *annual* NCB Reinvestment Reports that provide statistics on expenditures, participants and projects. For further information please contact your regional office

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.

Data element definitions for National Child Benefit are available on page 36.

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

For the Fiscal Year: 2 __ __ __ / 2 __ __ __

First Nation name	First Nation number

Name of reinvestment program developed:_____
G new   **or**   **G** continuing

Check (**/**) which one of the three main objectives of the NCB were targeted in this report::
G prevention & reduction in the depth of child poverty
G provide incentives to work
G reduce overlap and duplication through the simplified administration of benefits for children

Check (**/**) which **one** of the five activity areas were targeted in this report:
(Please note that if a reinvestment program crosses over to more than one activity area, separate reports are to
be prepared for each activity area so that the amount of funding used for each can be identified.)
G Child Nutrition   **G** Child Care   **G** Support for Parents
G Home-Work Transition   **G** Cultural Enrichment

Annual amount of reinvestment fund allocated for activity checked: $_____

Purpose of program, if not included in the objectives/activity areas checked above:

Results or accomplishments of program:

How many families benefitted from this reinvestment program?	
How many children under 18 benefitted from this reinvestment program?	

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

Prepared by:	Title:
Signature	Date

TPMS RR CODE: 0059

Affaires indiennes et   Indian and Northern
du Nord Canada   Affairs Canada

Canadä

SOCIAL DEVELOPMENT

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.

Data element definitions for the National Strategy for Integration of Persons with Disabilities are available on page 37.

NATIONAL STRATEGY FOR INTEGRATION OF PERSONS WITH DISABILITIES ANNUAL REPORT

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

Affaires indiennes et du Nord Canada   Indian and Northern Affairs Canada

Canada

SOCIAL DEVELOPMENT

Comprehensive Funding Agreements in Ontario and Alberta only, and all multi-year funding agreements (FTA/CFNFA/DFNFA)

DAY CARE FACILITIES/HEAD START PROGRAM ANNUAL REPORT

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

INSTRUCTIONS
< **year/band name and number:** Fill out the year for which the report is made, and the name and number of the band responsible for administering the day care facility/Head Start program.

< **address/number of facilities:** Show the total number of day care centres or Head Start programs and day care places funded by 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.

Data element definitions for Day Care facilities / Head Start Program are available on page 37.

DAYCARE FACILITIES/HEAD START PROGRAM ANNUAL REPORT

Comprehensive Funding Agreements in Ontario and Alberta only, and multi-year funding agreements
(FTA/CFNFA/DFNFA)

For the Fiscal Year _____

First Nation name	First Nation number

Day care facilities/head start programs names and complete addresses:

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

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

Name	Title
Signature	Date

TPMS RR CODE: 0046

Affaires indiennes et du Nord Canada   Indian and Northern Affairs Canada

Canada

SOCIAL DEVELOPMENT

Comprehensive Funding Agreements in Ontario and Alberta only, and all multi-year funding agreements (FTA/CFNFA/DFNFA)

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

Comprehensive Funding Agreements in Ontario and Alberta only,
and multi-year funding agreements (FTA/CFNFA/DFNFA).
Reports are regional specific.

*Contact your INAC regional office.

TPMS RR CODE: 0055

SOCIAL DEVELOPMENT

OVERVIEW

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

Income Assistance provides the basic and special needs of indigent residents of Indian reserves and their dependents as well as social support programs which meet the special needs of infirm, chronically ill and disabled persons. All these programs will be delivered at standard reasonably comparable to the reference province/territory of residence. The objective of the Income Assistance program is to provide for basic needs such as food, shelter, clothing, and assistance for special needs such as special diets, essential household items, and guide dogs.

INAC arranges for the administration of funding for income support programs and services, and other public services , with the Chiefs and Councils of Indian bands recognized by the Minister of Indian Affairs and Northern Development. Chiefs and Councils may opt to deliver programs directly; share services with other member communities in tribal/district councils, or incorporated political/treaty/First Nation organizations; or, enter into agreement for service delivery with other provincial/territorial or municipal agencies, private businesses or non-governmental organizations.

Some First Nation may offer work opportunity projects to further assist recipients gain employment experience. They may also be asked to participate in program reviews from time to time according to the Indian and Northern Affairs Canada (INAC) policy. More detailed information on policy directives and program review requirements can be obtained from the INAC regional offices.

Child and Family Services usually include counselling and education programs to prevent family breakdown and the removal of children from their homes; child protection, foster homes and adoption; and placements for children in either group homes, institutions or special counselling programs. The circumstances under which child protection becomes necessary are defined through provincial or territorial legislation. First Nations are required to submit monthly or annual reports on child and family services that provide details on child protection activities. An annual or twice-yearly report on child and family services is also required in the regions. Contact your INAC regional office for more information about reporting requirements for the operation of child and family services. Regions may also require documentation on each child to confirm eligibility for maintenance funding as per INAC authorities (i.e., status Indian with on-reserve residence status at the time of apprehension).

Assisted Living services are provided by First Nations and are intended to give support to families in situations where individuals need special help due to age, illness, or disability. Services include institutional care, foster care and in-home care (primarily homemaking/home management, non-medical care) for the elderly and to those who are ill, or have disabilities. First Nations are required to provide a monthly or annual report on Assisted Living service.

Since the first **Family Violence Initiative** in 1988, INAC has funded the operation of various types of emergency and transitional shelters for victims of family and domestic violence on First Nations reserves. First Nations that receive funding under the Family Violence Initiative and related programs are required to submit yearly reports that include the following information:
< name of the project and a short description that outlines the original purpose, planned activities, schedule and required resources. Administering agencies should indicate if the project involved the establishment or operation of an emergency shelter under the Project Haven initiative, the payment

    of funds to provincial or private sector agencies for emergency shelter use by First Nations
    individuals and children, or the establishment of second-stage transitional housing units.
< short description of project outcomes and accomplishments for the last fiscal year, including the
    number of clients using the project.

An audited year-end financial statement is also required to show the total costs. Future allocations of family violence initiatives depend on the documented need for services. For more information on funding requirements and reporting guidelines, contact the INAC regional office. To obtain further information on family violence, including the Family Violence Initiative, please contact the National Clearinghouse on Family Violence at the following address:

> **National Clearinghouse on Family Violence**
> Population and Public Health Branch, Health Canada,
> Jeanne Mance Building, Address Locator: #1907D1, Tunney's Pasture
> Ottawa, Ontario K1A 1B4
> tel(613)957-2938 or 1-800-267-1291, fax (613) 941-8930
> TTY(613) 952-6396 or 1-800-561-5643
> Internet Homepage: http://www.hc-sc.gc.ca/nc-cn

The **National Child Benefit (NCB)** is a federal initiative aimed at preventing and reducing the depth of child poverty in Canada. It was initiated in July 1998[1] and is comprised of:
< an increase in the federal Canada Child Tax Benefit with the addition of the National Child Benefit
    Supplement for low-income families with children;
< in most provinces, territories and First Nation communities, adjustments to Income Assistance
    payments to low-income families with children equal to the amount of the increase in the NCB
    Supplement; and,
< use of offset Income Assistance dollars by provinces, territories and First Nations to fund
    reinvestment programs for low-income families with children.

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

The **National Strategy for the Integration of Persons with Disabilities** started in 1991 and provides funds to First Nations to help them recognize and address the issues faced by on-reserve persons with disabilities. First Nations receiving funding under the Strategy are required to submit yearly reports that give the name of the project and a short description that outlines the purpose, planned activities, schedule, required resources and accomplishments. The report should also indicate if the project is achieved in collaboration with other federal or provincial departments or other organizations. First Nations that undertake special programs to promote the integration of persons with disabilities are required to submit a yearly report to INAC outlining their activities and accomplishments.

Day Care Facilities/Head Start Program: Prior to the implementation of Human Resources Development Canada's (HRDC) Day Care Program, INAC funded a number of day care facilities on-reserve in British Columbia, Alberta and Ontario regions and a Head Start program in the Atlantic region. INAC continues to fund these programs today.

Community Social Service 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, please contact your region.

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

SOCIAL DEVELOPMENT

WHAT NEEDS TO BE SUBMITTED AND WHEN?

First Nations funded on a **reimbursement basis** under annual **Comprehensive Funding Agreements**

Income Assistance Monthly Report This report will vary from region to region. Please contact your regional office for more details.	**NCB First Nations Annual Report on Reinvestment** First Nations councils are also required to submit *monthly* data in accordance with regional requirements.	
Child and Family Services Maintenance Monthly Report DUE monthly, 15 days after month end	**Child and Family Services Operational Report** DUE annually or twice yearly	**Assisted Living Monthly Report** DUE monthly, 15 days after month end
National Strategy for Integration of Persons with Disabilities Annual Report DUE May 31 for previous fiscal year ending March 31	**Family Violence Projects Annual Report** DUE May 31 for previous fiscal year ending March 31	**Family Violence Shelter Annual Report** DUE May 31 for previous fiscal year ending March 31

The two reports below apply to First Nations whose social support services are funded **on a reimbursable basis** in **Ontario** and **Alberta** only:

Community Social Services Projects Annual Report DUE May 31 for previous fiscal year ending March 31	**Day Care Facilities/Head Start Program Annual Report** DUE May 31 for previous fiscal year ending March 31

First Nations whose social support services are funded through **multi-year fixed volume Financial Transfer Agreement (FTA), Canada/First Nations Funding Agreement (CFNFA), DIAND/First Nations Funding Agreement(DFNFA) or Flexible Transfer Payments.**

Income Assistance Annual Report DUE annually on May 31 for the previous fiscal year ending March 31	**NCB First Nations Annual Report on Reinvestment** Contact your regional office	
Child and Family Services Maintenance Monthly Report DUE monthly, 15 days after month end	**Child and Family Services Operational Report** DUE annually or twice yearly	**Assisted Living Annual Report** DUE May 31 for previous fiscal year ending March 31
National Strategy for Integration of Persons with Disabilities Annual Report DUE May 31 for previous fiscal year ending March 31	**Family Violence Projects Annual Report** DUE May 31 for previous fiscal year ending March 31	**Family Violence Shelters Annual Report** DUE May 31 for previous fiscal year ending March 31
Community Social Services Projects Annual Report DUE May 31 for previous fiscal year ending March 31	**Day Care Facilities / Head Start Program Annual Report** DUE May 31 for previous fiscal year ending March 31	

First Nations whose funding for Child and Family Services have been approved under a Flexible Funding Option for Maintenance.

Child and Family Services Flexible Funding Option for Maintenance Quarterly Report (only for those agencies that have been approved) DUE 15 days after the end of each quarter.

SOCIAL DEVELOPMENT

DATA ELEMENTS DEFINITIONS AND SOURCE

This table describes the data to be collected and justifies their inclusion. Unless otherwise noted, the source documents (i.e. documents, usually maintained by First Nations, required to collect and back-up the data reported) for these data elements are provincial Budget and Decision Forms or First Nation equivalent.

Income Assistance

Data Element	Description

No. of Families	Refers to the annual monthly average of the number of eligible families receiving Income Assistance by reason for requiring assistance. (Total annual Income Assistance cases divided by 12, where the cases are expressed in full monthly equivalents; e.g., count the case if the recipient is receiving Income 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.)
	   1. Employable 2. Unemployable - Single Parent
	   3. Unemployable - Disabled 4. Unemployable - Other

No. of Persons in Families	Refers to the annual monthly average of the number of heads of households and dependants receiving Income Assistance by reason for requiring assistance. (Total annual Income Assistance cases divided by 12, where the cases are expressed in full monthly equivalents, e.g., count the case if the recipient is receiving Income 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.)
	   1. Employable 2. Unemployable - Single Parent
	   3. Unemployable - Disabled 4. Unemployable - Other

No. of Singles	Refers to the annual monthly average of singles receiving Income Assistance by reason for requiring assistance. (Total annual Income Assistance cases divided by 12, where the cases are expressed in full monthly equivalents; e.g., count the case if the recipient is receiving Income 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.)
	   1. Employable 2. Unemployable - Single Parent (not applicable)
	   3. Unemployable - Disabled 4. Unemployable - Other

No. of CMHC housing units on-reserve	Refers to the total actual number of CMHC housing units on reserve. *Source: First Nation Housing Inventory List or equivalent*
No. of housing units occupied by IA recipients	Refers to the annual monthly average number of housing units on-reserve where rent is reimbursed by INAC to Income Assistance recipients by type of housing unit. (Total annual number of housing units divided by 12). 1. CMHC (Ministerial guaranteed housing) 2. Non-CMHC (All other)
Total annual rent expenditures funded to IA recipients ($000)	Refers to the total annual rent expenditures funded (only funds that are reimbursed by INAC) to Income Assistance recipients by type of on-reserve housing unit. 1. CMHC (Ministerial guaranteed housing) 2. Non-CMHC (All other)
No. of housing units for which fuel / utilities were paid	Refers to the annual monthly average number of housing units on-reserve for which fuel/utilities were paid. (Total annual number of housing units divided by 12.)
Total fuel, utilities and other shelter expenditures ($000)	Refers to the total annual fuel, utilities and other shelter expenditures (only funds that are reimbursed by INAC) to Income Assistance recipients.
No. of person-months of employment created	Refers to 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 Income Assistance Transfer (e.g., Work Opportunity Program and/or ICHRS) for Income Assistance recipients (DO NOT count beneficiaries). This information is required for accountability and policy and planning purposes. *Source: Income Assistance Transfer Project Report*

SOCIAL DEVELOPMENT

Data Element	Description
Total No. of dollars transferred to S.A.T. initiatives ($000)	Refers to the total annual amount of funds transferred from Basic Needs to Income Assistance Transfer initiatives. This information is required for accountability and resourcing purposes. *Source: Income Assistance Transfer Project Report*
No. of projects	Refers to the annual total number of Income Assistance work/training projects approved. This information is required for resourcing and policy purposes. *Source: Income Assistance Transfer Project Report*
No. of children	Refers to the average monthly number of children out of parental home (COPH) for AFA and non-AFA funding. (One child for one month equals *1 child month*. Number of children months divided by 12 equals the average number of children out of parental home.) This information is required for resourcing and policy purposes.

Child and Family Services (Unless otherwise noted, source documents for the data elements below are with the First Nations or CFS Agency.)

Data Element	Description
CHILD AND FAMILY SERVICES : MAINTENANCE	
Administering First Nation or Child and Family Services Agency	Refers to the name of the administering First Nation or Child and Family Service Agency providing service. This information is required to assess performance and to allocate funds. Name of FN or CFS Agency providing service.
Arrangement No.	Refers to the funding agreement number. This information is required for accountability purposes. *Source: Funding Arrangement*
Band No.	Refers to the beneficiary's (child) band number. This information is required for accountability purposes. *Source: Indian Registry System*
Name	Refers to the name of the child who has been placed in the care of the agency. This information is required for accountability and resource allocation. *Source: Indian Registry System*
Status No.	Refers to the Indian Registry Number of the child placed in the care of an agency. This information is required for accountability and resource allocation. *Source: Indian Registry System*
Gender	Refers to the gender of the child who has been placed in the care of an agency. This information is required for accountability. *Source: Indian Registry System*
Date of Birth	Refers to the child's date of birth. This information is required for accountability and resource allocation. *Source: Indian Registry System*
Name of Family or Institution	Family's name if different than child's or the name of the institution responsible for the child. This information is required for accountability and resource allocation. *Source: First Nation, CFS Agency or Indian Registry System*
Custodial Parent / Legal Guardian Name	Refers to the name of the child's custodial parent/ legal guardian. This information is required for accountability and resource allocation. *Source: First Nation, CFS Agency, or Indian Registry System*
Custodial Parent / Legal Guardian Residence - On-reserve (Y/N)	Refers to the residency of the child's custodial parent/ legal guardian. This information is required for accountability and resource allocation. *Source: First Nation or CFS Agency or Population Statistics Data*
Child and Family Service Status	Refers to the child' CFS placement status: 1. (V)oluntary Care Ward 2. (T)emporary Ward 3. (P)ermanent (Crown) Ward

Type of Service	Refers to the type of care, by code, in which the child is placed:
	Indicate type of care service by code:
	    02370 - Institutional care (children) 02371 - Foster Home (children)
	    02372 - Group Home (children)
	*Definitions are listed below. This information is required for accountability and resource allocation.

SOCIAL DEVELOPMENT

Data Element	Description
02370 - Institutional Care	Care provided in a setting where one or more groups of children occupy the premises and permanent full-time staff work on a shift basis. It may provide care and treatment for children with emotional problems. It is distinguished from a group home by the fact that permanent full-time staff work on a shift basis.
02371 - Foster Homes	Care provided in a family setting by persons who are not the parents of the child and where placement was made by an agency, such as a band, INAC, or a provincial child welfare authority. This includes care provided without reimbursement, but excludes care in a family where adoption is clearly the intent.
02372 - Group Homes	Care provided to a small group of 5 to 10 children in a setting where normally the permanent full-time staff is a couple operating in a setting which provides a family atmosphere. Group homes serve the needs of those children who either do not require, or cannot use, the close relationships of a foster family. They do not include either subsidized foster homes used for emergency care or to keep a large family unit together or small residential units which are essentially institutional in nature.
Date of Admission	Refers to the admission date of the child's placement in care by an agency. This information is required for accountability and resource allocation.
Date of Discharge	Refers to the discharge date when the child will no longer be under agency care. This information is required for accountability and resource allocation.
Daily Rate	Refers to the daily rate for service provided. This information is required for accountability and resource allocation.
Special needs	Refers to money allocated to cover expenses required due to a specific problem. Expense can include special clothing or travel expenses as per regional CFS manuals. This information is required for accountability and resource allocation.
No. of Days	Refers to the total number of days in the month the child has been placed in the care of an agency. This information is required for accountability and resource allocation.
Total Amount	Refers to the total cost for the child's care (i.e., the number of days are multiplied by the daily rate then add special needs). This information is required for accountability and resource allocation.
Total Expenses	Refers to the Summary of the "Total Amount" by type of service. This information is required for accountability and resource allocation.

CHILD AND FAMILY SERVICES: OPERATIONS

Data Element	Description
List of Services Provided	Refers to the Type of Service provided by the First Nation or the CFS Agency, such as prevention, protection, adoption and/or alternate care. This information is required to assess performance and for resource allocation.
No. of Families Served	Refers to the number of families who were served under the following types of services: prevention, protection, adoption and/or alternate care. This information is required to assess performance and for resource allocation.
No. of Children Served	Refers to the number of children within the families served under the following: prevention, protection, adoption and/or alternate care. This information is required to assess performance and for resource allocation.
No. of local child and family service committees	Refers to the number of local committees which deal with Child and Family Services. This information is required to assess performance and for resource allocation.
No. of Elders' Committees/ Consultations/ Meetings	Refers to the number of Elders' committees and the number of consultations and/or meetings held by Elders. This information is required to assess performance and for resource allocation.
No. of Public Information / Education Workshops	Refers to the number of public information/education workshops provided by First Nation or CFS Agency. This information is required to assess performance and for resource allocation.

SOCIAL DEVELOPMENT

Data Element	Description
No. of Foster Homes	Refers to the number of homes providing foster care. This information is required to assess performance and for resource allocation.
No. of Adoption Homes	Refers to the number of homes suitable for the placement of children for adoption. This information is required to assess performance and for resource allocation.

Assisted Living (Unless otherwise noted, the source documents for the data elements below are Assisted Living Placement Forms or First Nation equivalent.)

Data Element	Description
Administering First Nation or Services Agency	Refers to the name of the administering First Nation or agency providing the service. This information is required to assess performance and to allocate funds.
Arrangement No.	Refers to the funding arrangement number. This information is required for accountability purposes. *Source: Funding Arrangement*
Band No.	Refers to the client's band number. This information is required for accountability purposes. *Source: Indian Registry System*
Name	Refers to name of the individual placed in care. This information is required for accountability and resource allocation. *Source: Indian Registry System*
Gender	Refers to the gender of the individual placed in care. This information is required for accountability and resource allocation. *Source: Indian Registry System*
Name of Family or Institution (if appropriate)	Refers to the name of the family, if different than the individual in care or the name of the institution responsible for the individual. This information is required for accountability and resource allocation. *Source: Assisted Living Placement Form, Indian Registry System or First Nation equivalent*
Date of Birth	The individual's date of birth. This information is required for accountability and resource allocation. *Source: Indian Registry System*
Custodial Parent/Legal Guardian Name	Refers to the full name of the custodial parent/legal guardian . This information is required for accountability and resource allocation. *Source: Assisted Living Placement Form or Indian Registry System*
Type of Service	Refers to the type of service by code: 02395 - In-Home Care Services 02396 - Institutional Care Type I 02397 - Institutional Care Type II 02398 - Foster Care This information is required for accountability and resource allocation.
02395- In-Home Care Services	Homemaking and personal care services (non-professional and non-medical) provided to an individual who still resides at home.
Institutional Care	Funding for care in **Type I** and **Type II** institutions, which may be located on-reserve and off-reserve. Individuals must be assessed according to provincial standards to determine the level of care required. Residents of institutions are generally elderly or with disabilities and in need of supervision and assistance.
02396- Institutional Care: TYPE I	"is that required by a person who is ambulant and/or independently mobile, who has decreased physical and/or mental faculties, who requires primarily supervision and/or assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time during which care is required is indeterminate and related to the individual condition".
02397- Institutional Care: TYPE II	"is that required by a person with a relatively stabilized (physical or mental) chronic disease of functional disability, who, having reached the apparent limit of his recovery, is not likely to change in the near future, who has relatively little need for the diagnostic and therapeutic services of a hospital but who requires availability of personal care on a continuing 24-hour basis, with medical and professional nursing supervision and provision for meeting psycho-social needs. The period of time during which care is required is unpredictable but usually consists of a matter of months or years".
02398- Foster Care	Care provided in a family setting by persons who are not immediately related to the individual requiring the assistive foster care.

SOCIAL DEVELOPMENT

Data Element	Description
Date of Admission	Refers to the start date when the individual was placed in care. Note: For placements continuing from previous months, give the first day of the month as the first day of placement if the individual is still receiving services at time of the report, leave the discharge date blank. This information is required for accountability and resource allocation.
Date of Discharge	Refers to the date on which the adult was discharged or will no longer require services. This information is required for accountability and resource allocation.
Daily Rate	Refers to the daily rate for service provided. This information is required for accountability and resource allocation.
Special needs	Refers to money allocated to cover expenses required due to a specific non-medical need. Expense can include special clothing or travel expenses as listed in regional manuals. This information is required for accountability and resource allocation. *Source: First Nation or equivalent CFS Agency form*
No. of Days	Refers to the total number of days in the month that the client has been in care. This information is required for accountability and resource allocation.
Total Amount	Refers to the total cost of care for each client. Calculate the "total amount" by multiplying the total number of days by the daily rate and then adding any "special needs". This information is required for accountability and resource allocation.
Total Expenses	Summary of the "Total Amount". This information is required for accountability and resource allocation.

Family Violence: Projects (Unless otherwise noted, the source documents for the data elements below are the First Nation or Agency Annual Report.)

Data Element	Description
First Nation Name	Refers to the name of the First Nation overseeing the project. This information is required for accountability purposes. *Source: Indian Registry System*
First Nation No.	Refers to the First Nation's number. This information is required for accountability purposes. *Source: Indian Registry System*
Name of Project (New or Continuing)	Refers to the project, such as a Project Haven emergency shelter or other type of emergency shelter. Other types of emergency shelters may include private or provincial agencies. This information is required for accountability purposes.
Purpose of Project	Refers to a description about the original project as well as the project's specific objectives. This information is required for accountability purposes.
Activities	Refers to a description about the project's planned activities. This information is required for accountability purposes.
Schedule	Refers to a description about the project's activities time frame or schedule. This information is required for accountability purposes.
Resources	Refers to a description about the project's resources required to carry out each activity. This information is required for accountability purposes.
Results or Accomplishments of Project	Refers to a description of the results or accomplishments of the project compared to the original project plan. Include information on whether the original purpose was met, which activities were carried out and any changes to the original schedule or resource requirements. Identify information on how many people benefited from the project, including the number of women and children who used the services provided. This information is required for accountability purposes.

Family Violence: Emergency Shelters (Unless otherwise noted, the source documents for the data elements below are First Nation or Agency Monthly Summary Reports.)

Data Element	Description
First Nation Name	Refers to the name of the First Nation funded/overseeing the project. This information is required for accountability purposes. *Source: Indian Registry System*
Band No.	Refers to the First Nation's band number. This information is required for accountability purposes. *Source: Indian Registry System*

SOCIAL DEVELOPMENT

Data Element	Description
Name of Shelter	Refers to the name of the emergency shelter. This information is required for accountability purposes.
Project Haven	It can either be Project Haven emergency shelter or an "Other" type of emergency shelter which is run by a private or provincial agency. This information is required for accountability purposes.
Funding	This information is required for policy purposes. *Source: Shelter Financial Records*
Shelter Operator	Refers to the Administering organizations that runs the shelter. This information is required for policy purposes.
Shelter Services	Identifies the services provided by the shelter as outlined by the Statistics Canada Transitional Survey. Required for policy and accountability purposes.
Total No. of units	Refers to the total number of units in each emergency shelter. This information is required for accountability purposes.
Total No. of beds for all units	Refers to the total number of beds for all the units in each emergency shelter. This information is required for accountability purposes.
Total No. of Bands served by the shelter	Refers to the total number of bands located in proximity to the emergency shelter where residents of the bands would normally use the shelter. This information is required for accountability purposes.
Total No. of families receiving shelter	Refers to the actual number of families receiving shelter during the year. This information is required for accountability purposes.
Total No. of women and children receiving shelter	Refers to the actual number of persons, including dependants, receiving shelter during the year. This information is required for accountability purposes.
Total No. of bed nights spent in shelter	Refers to the actual number of nights that family members remained in the shelter and required a bed during the year. This information is required for accountability purposes.
Total No. of persons receiving information or counselling but who do not stay overnight	Refers to the actual number of persons receiving information or counselling, but who do not stay overnight during the year. This information is required for accountability purposes.
Total annual project costs	Refers to the total annual operating costs required to operate the emergency shelter. This information is required for accountability purposes.
If the shelter opened during this fiscal year	
Actual or estimated start-up date	Refers to the actual or estimated start-up/operating date of the emergency shelter. This information is required for accountability purposes.
Start-up Cost: one-time cost associated with setting up the shelter.	Refers to the one-time cost associated with setting up the emergency shelter. This information is required for accountability purposes.

National Child Benefit

Data Element	Description
First Nation name	Refers to the name of the First Nation or Agency responsible for administering the NCB reinvestment program(s). This information is required for accountability purposes. *Source: Indian Registry System*
First Nation number	Refers to the First Nation's or Agency's number. This information is required for accountability purposes. *Source: Indian Registry System*
1. Reinvestment Funds	
Name of reinvestment Program Developed (New or Continuing)	Refers to the name of the program and whether the program is new or continuing from the previous year. Type of reinvestment programs include child nutrition programs, readiness to learn programs, income support programs for families with children, earned income supplements for families with children, improved benefits for families on Income Assistance and other social services for low-income families with children, such as child care, that support attachment to the workforce or alleviate poverty.

SOCIAL DEVELOPMENT

Data Element	Description
Annual amount of reinvestment fund	Refers to the funds available for NCB reinvestment programs. An NCB reinvestment fund is the money made available through the adjustment to Income Assistance payments in relation to the increased Canada Child Tax Benefit (National Child Benefit Supplement). *Source: Regional NCB Reinvestment Framework*
Main Objectives	There are three main objectives to the NCB Reinvestment Program. All activities must have one of these objectives. This information is required for accountability purposes.
Activity areas	There are five activity areas which are usually targeted in the NCB Reinvestment Program. This information is required for accountability purposes.
Purpose of program	Refers to a short description highlighting the objectives for each program, if any beyond the main objectives identified above. This information is required for accountability purposes.
Results or accomplishments of program	Refers to a description of the results or accomplishments of the program as compared to the original objectives, whether the original purpose was met and which activities were successfully carried out.
2. Number of Families And Children Benefiting Under Reinvestment Programs	
Number of families	Refers to the number of families who benefited from the NCB reinvestment program(s).
Number of children under 18	Refers to the number of children under the age of 18 who benefited from the NCB reinvestment program(s).

National Strategy for the Integration of Persons with Disabilities (Unless otherwise noted, the source documents for the data elements below are the Yearly Report submitted by the First Nation.)

Data Element	Description
Name of Project (New or Continuing)	Refers to the name of the project. Also indicate whether the program is new or continuing. This information is required for accountability purposes.
Costs	Refers to the overall costs of the project. If the project is achieved in collaboration with other departments or organizations, this field will identify each partner's financial contribution. This information is required for accountability purposes.
Objective of the project	Refers to the overall objectives of the project in terms of activities, schedules, resources, and other departments/organizations taking part in the project. This information is required for accountability purposes.
Results or accomplishments of project	Refers to 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. This information is required for program justification and accountability purposes.

Day Care Facilities / Head Start Program (Unless otherwise noted, the source documents for the data elements below are with the Yearly Report submitted by the First Nation.)

Data Element	Description
Total No. of day care centres or programs funded by INAC	Refers to the total number of operating day care facilities or Head Start Programs that are funded by INAC. This information is required for accountability purposes.
No. of day care places funded by INAC	Refers to the total number of day care or Head Start places that are funded by INAC. This information is required for accountability purposes.
Name of centre, address, etc.	Refers to the complete mailing address of the day care facility or Head Start program. This should include the facility's or program's full name, address and postal code. This information is required for accountability purposes.
No. of children served in day care during year	Refers to the total annual number of children placed in day care facilities or a Head Start program(s) during the year. This information is required for accountability purposes.

LAND MANAGEMENT / ECONOMIC DEVELOPMENT

LAND MANAGEMENT AND TRANSFERS

ECONOMIC DEVELOPMENT

What's New

The Auditor General of Canada issued a report entitled *"Economic Development of First Nations Communities: Institutional Arrangements"* in chapter 9 of the *Report to the House of Commons*, dated November 2003. It stated primarily that federal organizations need to consolidate administrative requirements, improve the access to and flexibility of programs, and support the development of institutional arrangements. INAC completed an initial evaluation of the **Community Economic Development Program (CEDP)** in September 2003. During 2004, INAC engaged First Nation and Inuit stakeholders in a series of regional discussions based on the evaluation, and encouraged the development of regional economic development strategies. INAC received the final evaluation report on its proposal-driven economic development programs in December 2004. These developments will lead to changes in INAC's economic development programs, beginning in 2005-2006. The focus of the changes is a reduced number of programs combined with a broader range of activities funded; the purpose of the changes is to provide better support for First Nation and Inuit economic development initiatives.

< The **Community Economic Development Program** is modernized. For 2005-2006, INAC will strengthen support services available to First Nation and Inuit communities, and modify reporting requirements. The new *Community Economic Development Program Report* focuses on the implementation of annual operational plans provided by funding recipients early in their fiscal year.

< The Economic Development Opportunity Fund, the Resource Acquisition Initiative, and the Major Business Projects Program have been collapsed into the **Community Developmental Equity Program**. Reporting requirements remain similar to previous years.

< Finally, the Resource Partnerships Program (RPP), the Resource Access Negotiations (RAN) Program, and the Regional Partnerships Fund (RPF) have been incorporated into the **Community Economic Opportunities Program**, which will be able to fund a broad range of activities. Reporting requirements are similar to reports in previous years.

Further information about these new programs can be found on page 13.

Additional information can be obtained from your local INAC regional office (See Tab A).

LAND MANAGEMENT AND TRANSFERS

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*.

REPORT ON RENTALS AND RECEIVABLES
*Detailed listing. Contact INAC regional office.

TPMS RR CODE: 0004

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

OVERVIEW

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

First Nations councils **with** delegated authority must submit the following reports on land transactions:
< an quarterly report that includes a detailed listing of rents collected or receivable. Rents not yet paid should be shown as "aged receivables," clearly indicating the amounts owing and the number of days since the last payment.
< an annual summary of land transactions that lists all activities such as rental agreements entered into and approvals for development of facilities.

Bands **without** delegated authority under the *Indian Act* are required to provide an annual report on land transactions administered for the previous year. For more details on reporting requirements and deadlines, contact your INAC regional office.

COMMUNITY ECONOMIC DEVELOPMENT PROGRAM REPORT

DUE DATE : Due within 120 days after the end of the fiscal year in which funding was received.

All sections of the report are to be completed.

Annexes: Where recipients have received funding under INAC's Community Economic Opportunities Program or Community Developmental Equity Program, attach Project Status Reports for these programs, as annexes to this report. The provision of annexes replaces obligations to provide separate Project Status Reports.

SECTION A. Identification		
A1	Recipient Name:	This is the name of the recipient that has received funding under the Community Economic Development Program from INAC.
A2	Recipient #:	This is the number assigned by INAC for funding purposes.
A3	Contact Name:	This is the name and contact information of the person who may be contacted regarding information on the form and regarding operations related to INAC. This person should usually be the senior individual responsible for Economic Development.
A4	Phone No.:	
A5	Title:	
A6	FAX:	

SECTION B. Narrative information related to the 2005-2006 activities related to INAC funding

There are 8 Economic Development Objectives identified in Operational Plans:
1. Community Economic Planning and Capacity Development;
2. Proposal Development;
3. Employment of Community Members;
4. Community-Owned and Community Member Business Development;
5. Community Land and Resource Development;
6. Access to Opportunities from Land and Resources Beyond Community Control;
7. Promoting Investment in the Community; and
8. Research and Advocacy.

The narrative information section seeks information on these 8 components where the Economic Development Objective was identified in the Operational Plan. The information required for each component is the same.

Complete section B for each economic development objective identified in your operational plan. For each economic development objective describe the extent to which the ongoing activities and one-time projects have been completed, the work carried out, and the results and performance indicators obtained from the work. Use additional pages if the space provided is not sufficient.

	SECTION B. Narrative information related to the 2005-2006 activities related to INAC funding, complete one section for each economic development objective identified in your operational plan.
B1	Economic Development Objective covered by this page (check one only): 9 Community Economic Planning & Capacity Development 9 Community Land & Resource Development 9 Proposal Development 9 Employment of Community Members 9 Access to Opportunities from Lands & Resources Beyond Community Control 9 Community-Owned & Community Member Business Development 9 Promoting Investment 9 Research and Advocacy
B2	**Describe the work carried out during the year:** this section seeks a brief description of work carried out on ongoing activities and one-time projects. If you wish to describe worked carried out which your initial or amended operational plan did not envisage, please feel free to do so.
B3	**Describe the results obtained from the work to date and performance measures:** this section seeks a brief description of results that were achieved. It should include both qualitative information and quantitative information. Results should follow from the carrying out of work on ongoing activities and one-time projects. See the INAC Economic Development Activity and Performance Measures Guide for typical results from specific types of activities. Results should include expected results identified in the operational plan. If you wish to describe results in this area even though your initial or amended operational plan did not envisage involvement in this area, please feel free to do so.

SECTION B. Narrative information related to the 2005-2006 activities related to INAC funding, complete one section for each economic development objective identified in your operational plan.

B4	Check the box that best describes the completion status of the ongoing activities or one-time projects or, as of March 31: ❾ Fully complete ❾ 75 - 100% complete ❾ 50 - 75% complete ❾ Less than 50% complete	This section asks for the extent to which the planned activities and one-time projects were completed. In assessing the extent to which the planned activities and projects are carried out, recipients are asked to provide an answer based on internal performance measurement systems, if available, or on qualitative judgments. Recipients should not provide information based on percentage of budget expended, as this information will be available from financial statements.
B5	**If the project is not fully complete**, this section seeks a brief explanation of why planned activities were not carried out to the extent envisaged in the operational plan. Possible reasons could include over estimates of ongoing activities and one-time projects that could be carried out in the period, increased costs, unexpectedly low demand for services, changes in economic development priorities, and unforeseen developments.	

		INAC Funds	Funds from Other Sources	Total	
SECTION C. Annual Actual Expenditures					
C1	Salaries, wages and benefits	$	$	$	The section seeks information on annual actual expenditures by type of activity and source of funds (INAC and other).
C2	Other Overhead (e.g. heat, rent, office supplies)	$	$	$	
C3	Community economic planning & capacity development	$	$	$	For items where your financial accounting system has been set up to track expenditures regarding other items, the amounts tracked through the financial accounting system should be inserted.
C4	Proposal Development	$	$	$	
C5	Employment of Community Members	$	$	$	
C6	Community Owned & Community Member Business Development	$	$	$	For items not tracked through your financial accounting system, estimates may be provided.
C7	Community Land & Resource Development	$	$	$	
C8	Access to Opportunities from Land & Resources Beyond Community Control	$	$	$	*Estimated amounts should be marked with an asterisk.
C9	Promoting Investment	$	$	$	The total for all items should be equal to the 'Total' as indicated in your audited financial statement.
C10	Research & Advocacy	$	$	$	
C11	Other	$	$	$	Salaries, wages and benefits should be presented in aggregate, and not allocated to other economic development objectives.
C11	**TOTAL**	**$**	**$**	**$**	

CERTIFICATION: The person completing the report should have overall responsibility for economic development in the organization. This person should print his/her full name and position/title, and then sign and date the form.

The information provided in this report is true and accurate to the best of my knowledge

Prepared by:	Position/Title:
Signature:	Date:

TPMS RR CODE: 0131

Community Economic Opportunities Program
Project Status Report

Due within 120 days after the end of the fiscal year in which funding was received

Project Identification	
Recipient Name:	Recipient Number: INAC use only
Project Title:	
INAC Contribution Amount: $	Year of approval: Y Y Y Y

Recipient Contact Information			
Street/Box		City/Town	
Province/Territory	Postal Code	Telephone	E-Mail

Project Activities

Describe the work carried out during the year: This sections seeks a brief explanation of work carried out during the year on the project plan.

Check ✓ which box best describes the **completion status** of the project plan:

[   ] fully complete
[   ] 75-99 percent complete
[   ] 50-74 percent complete
[   ] less than 50 percent complete

Provide any documents demonstrating the completion status of the project plan.

If the project plan is less than fully complete, this section seeks a brief explanation why planned activities were not carried out to the extent envisaged in the project plan.

End-of-Project Results (to be completed for projects for which INAC has not committed any further funding)

Quantitative Performance Indicator(s): List the performance indicators described in your funding agreement amendment.	**Performance Amount:** Provide the performance amount and relevant unit
1	
2	
3	
4	
5	

Describe the results obtained from the project to date: This section seeks a brief description of results that were achieved to date beyond the quantitative performance indicators indicated above. It should include qualitative information, and may include additional quantitative information.

Describe the results expected from the project in the future: This section seeks a brief description of results that are expected to be achieved in future. It may include quantitative and qualitative information.

Certification: The person completing the report should have overall responsibility for the project. This person should print his/her full name and position/title, and then sign and date the form.

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

Signature:	Name:
Position/Title:	Date Submitted: Y Y Y Y / M M / D D

TPMS RR CODE: 0132

Community Developmental Equity Program
Project Status Report

Due within 120 days after the end of the business year that included the completion of the project

Project Identification	
Community Recipient Name:	CEDO Number: INAC use only
Business Recipient Name:	
INAC Contribution Amount: $	Year of approval: Y Y Y Y

Recipient Contact Information	
Street/Box	City/Town

Province/Territory	Postal Code	Telephone	E-Mail

Status of Business Report
Is the Business Report attached?   [   ]   yes   [   ] no
If not, describe efforts to obtain the report and the reasons why the business has not provided the report?

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

Signature:	Name:
Position/Title:	Date Submitted: Y Y Y Y / M M / D D

TPMS RR CODE: 0133

ECONOMIC DEVELOPMENT

COMMUNITY DEVELOPMENTAL EQUITY PROGRAM
PROJECT STATUS REPORT ANNEX - BUSINESS REPORT

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

DUE DATE: Project Status 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 the business which received the funding from the Community Recipient.
Community Recipient Name: Provide the name of the Community Recipient which received the funding from INAC.
INAC Contribution Amount: Indicate the amount of INAC funds received by the business recipient through the Community Recipient.
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.
Tick the box which best describes the completion status of the start-up, expansion or acquisition.
Provide any documents demonstrating the completion status of the work. Documents could include a building permit, invoices related to major purchases, share or asset acquisition agreements.
If the work is less than 100 percent completed, explain why. Possible reasons include bankruptcy; cost overruns; changes in market, business or other conditions; problems securing regulatory approvals or land tenures; inability to procure machinery, equipment and vehicles; inability to secure financing from other partners, banks or other sources.
Attach your financial statements for the year that included the completion of the business start-up, expansion or acquisition for which funding was provided. Your financial statements provide a tool for confirming whether the changes in assets expected from the funding occurred. If you received over $30,000, your financial statements should be audited.

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 or Inuit 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 position/title of person responsible for the Business Report, and the date signed.

Community Developmental Equity Program
Business Report Annex

Due within 120 days after the end of the business year that included the completion of the project.

Project Identification	
Business Recipient Name:	INAC Contribution Amount: $
Community Recipient Name:	Year of approval: Y Y Y Y

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).

Tick the box which best describes the completion status of the start-up, expansion or acquisition:
[   ] fully complete
[   ] 75-99 percent complete
[   ] 50-74 percent complete
[   ] less than 50 percent complete

Provide any documents demonstrating the completion status of the work.

If the work is less than 100 percent , explain why.

Attach your financial statements for the year that included the completion of the business start-up, expansion or acquisition for which funding was provided

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 (attach extra pages if necessary):

Certification

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

Signature:	Name::
Position/Title:	Date Submitted:

TPMS RR CODE: 0133

ECONOMIC DEVELOPMENT

OVERVIEW

The **Community Economic Development Program (CEDP)** provides core funding to First Nation and Inuit communities, or organizations they mandate or designate, for economic development planning, proposal development, and planning and implementation of ongoing activities and one-time projects. This program is in the process of being modernized and integrated with other INAC economic development programs. Primary changes for 2005-2006 include a broader range of eligible activities, the requirement for operational plans describing how INAC funds will be utilized, and reporting requirements related to operational plans.

Core support is intended to enable recipients to carry out community economic development planning and capacity development initiatives, develop proposals and lever financial resources, and carry out economic development activities in areas such as getting community members into employment, the development of community-owned and community member businesses, the development of land and resources under community control, access to opportunities from land and resources not under community control, promoting investment, and research and advocacy. In some instances, recipients may decide to carry out these activities by hiring economic development officers.

In 2005-2006, INAC will focus on strengthening support services and economic development training for communities and community economic development officers

The **Community Developmental Equity Program (CDEP)** provides funding to address the equity gap for the start-up, expansion and acquisition of businesses supported by First Nation and Inuit communities. It replaces the Economic Development Opportunity Fund (EDOF), which provided up to $500,000 in funding to businesses in non-resource sectors; the Resource Acquisition Initiative (RAI), which provided funding up to $500,000 in resource sectors; and the Major Business Projects Program (MBPP), which provided funding from $500,000 to $3 million in all sectors.

Business development will be a key element in many First Nation and Inuit community economic development strategies. The lack of equity financing for community-owned and community member businesses is a significant constraint. The Community Developmental Equity Program provides financial support, in response to proposals, for viable, community-supported businesses where there is an equity gap. Equity gap is the amount of money needed to finance a business after all other funding sources have contributed their maximum toward the financing of the business. Equity gap funding is not intended to replace the requirement for business proponents to provide their own equity funding or to replace any other programs currently available, but to complete a financing package where no other financing can be obtained. The financial support will enable the businesses to obtain conventional debt financing to carry out a viable business plan for a business start-up, expansion and acquisition.

The **Community Economic Opportunities Program (CEOP)** provides funding to First Nation and Inuit communities, and organizations they mandate or designate, to pursue their economic objectives in areas such as the employment of community members, the development of community-owned and community member businesses, the development of land and resources under community control, access to economic opportunities on land and resources beyond community control, investment promotion, and research and advocacy.

The Community Economic Opportunities Program continues to support activities supported in 2004-2005 under the Resource Partnerships Program (RPP), which funded pre-negotiation planning and the negotiation of partnership agreements; the Resource Access Negotiations (RAN) Program, which funded pre-negotiation planning, negotiations of non-partnership agreements and the early implementation of negotiated agreements; and the Regional Partnerships Fund (RPF), which funded the development of economic infrastructure. However, it can support a much broader range of activities.

The Community Economic Opportunities Program provides financial support in response to

ECONOMIC DEVELOPMENT

opportunities to First Nation and Inuit communities and the organizations they mandate or designate as funding recipients. Where First Nation and Inuit communities identify opportunities and lack the financial resources to pursue them, they are encouraged to submit proposals to the Community Economic Opportunities Program. Proposals will be assessed based on their community economic impacts, and projects with the best returns will be supported.

Expected Results

The Community Economic Development Program, the Community Developmental Equity Program, and the Community Economic Opportunities Program are intended collectively to provide a broad range of tools to assist First Nation and Inuit communities to pursue their economic objectives. In the long term (fifteen years plus), these programs are expected to lead to increased participation of First Nation and Inuit communities in the economy. Over the next five to ten years, these programs are expected to lead to increased community capacity; increased employment of community members; more and larger community businesses; greater utilization of or value of community land and resources; more contracts for or sales by community businesses; more community government revenues from economic development; more or better community economic and other infrastructure; more or better access arrangements for land and resources beyond community control and their implementation; more investment in communities; and a better climate and environment for community economic development.

COMMUNITY INFRASTRUCTURE

WHAT'S NEW

The Fire Protection Services Summary Report, the Asset Operation and Maintenance Review Annual Report, and the Maintenance Management Plan Annual Report are no longer annual reporting requirements listed in either funding agreements or in the FNNRG. In an effort to reduce the reporting burden on First Nations, these data will now be collected by inspectors through enhanced Asset Condition Reporting System (ACRS) inspections. These enhanced inspections are part of the implementation of the Long-Term Capital Plan and will be conducted on three-year cycles instead of every five years.

The Changes in Capital Assets Annual Report and the Five Year Capital Plan - Annual Update forms have been improved as part of the implementation of the Long-Term Capital Plan. No new data elements were introduced, but the new format reflects current regional guidelines in the timely collection of accurate and consistent capital data.

The data element definition for Water Delivery System Truck B has been changed to: "Number of housing units with water service provided by a truck and stored in 45 gallon barrel drums. Because the houses have not been plumbed to accept the service (i.e., cistern and pressurized system), Truck B is not considered as a basic level of service."

In order to mirror the definitions used by both Statistics Canada and CMHC, and to ensure greater consistency in federal housing-related definitions:

< Removal of "Minor Renovations" to more accurately reflect the housing conditions in many First Nations communities.
< The definition of an "Adequate" dwelling has been changed to: "An "Adequate" dwelling is defined as one that does not require Major Renovations or Replacement and DOES possess basic plumbing facilities, specifically, hot and cold running water, inside toilets and installed baths or showers. The calculation of "Adequate" housing is based on the formula: Adequate = Total Number of Housing Units - Housing requiring Major Renovations - Housing requiring Replacement".
< Reference to National Building Code Standards have been removed.
< The data element definition of "Number of Houses that need Major Renovations" has been revised to:
  This could include, but is not limited to:
  ! extensive structural faults such as rotting or sagging foundations;
  ! extensive structural repairs to walls, floors, ceilings or roofs; and
  ! replacement and/or upgrading of defective plumbing and/or electrical wiring.

COMMUNITY INFRASTRUCTURE

            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 Contact your regional INAC office for further instructions.

       Additional information can be obtained at your local INAC regional office (see Tab A)

COMMUNITY INFRASTRUCTURE

**OPERATION AND MAINTENANCE OF INFRASTRUCTURE AND
EDUCATION ASSETS AND FACILITIES
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 $**
	TOTAL						

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

Name	Title	Signature	Date:

TPMS RR CODE: 0102

Canada

COMMUNITY INFRASTRUCTURE

**OPERATION AND MAINTENANCE OF INFRASTRUCTURE AND
EDUCATION 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 web-site at www.ainc-inac.gc.ca/esd/) 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 are adequate, one that does not require Major Renovations or Replacement and DOES possess basic plumbing facilities, specifically, hot and cold running water, inside toilets and installed baths or showers. The calculation of "Adequate" housing is based on the formula: Adequate = Total Number of Housing Units - Housing requiring Major Renovations - Housing requiring Replacement".
< The number of houses requiring replacement.
< The number of houses requiring major renovations, this could include, but is not limited to:
  ! extensive structural faults such as rotting or sagging foundations;
  ! extensive structural repairs to walls, floors, ceilings or roofs; and
  ! replacement and/or upgrading of defective plumbing and/or electrical wiring..
< The number houses lacking 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 page 23.

Housing and Infrastructure Assets

Tribal Council No. and Name:		

Band No. and Name:		

Site No. and Name:		

community services

	Updated Value			Updated Value
Electricity		**Road Access**		
Solid Waste		**Fire Protection**		
		Contract		
		Contractor		

Site No. and Name:		

Housing Units		**Housing Conditions**	
Last Year Total:		Replacement Req'd:	
Housing Completed:		Major Reno. Req'd:	
Houses Deleted:			
Adjustment:		Adequate:	
Total Units:		Total Units:	
Special Purpose:		Plumbing Req'd:	
Total Renovated:			

Water Quality/Quantity		**Sewage Effluent**	
Category 1:		Category 1:	
Category 1A:		Category 2:	
Category 2:		Category 3:	
Category 2A:			
Category 3:			
Total Units:		Total Units:	

Water Servicing		**Sewage Servicing**	
Piped Water		Piped Sewage	
Community Well:		Community Septic:	
Individual Well:		Individual Septic:	
Truck Water A:		Septic Truck:	
Truck Water B:		Other:	
Other:		No Service:	
No Service			
Total Units		Total Units	

TPMS RR CODE: 0108

**OPERATION AND MAINTENANCE OF INFRASTRUCTURE AND
EDUCATION 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

FIRST NATION NAME and NUMBER

RESERVE NAME and NUMBER

SCHOOL NAME

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:

Name	Title
Signature:	Date:

TPMS RR CODE: 0111

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

Canada

COMMUNITY INFRASTRUCTURE

**OPERATION AND MAINTENANCE OF INFRASTRUCTURE AND
EDUCATION 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. Please see page 28 for a list of asset codes.

< 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.

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

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CHANGES IN CAPITAL ASSETS
ANNUAL REPORT

Prepared by:	☐ First Nation	Signature: _____
	☐ Tribal Council	Firm: _____
	☐ Other	Date _____

First Nation Number: _____ | First Nation Name: _____

Site Number: _____ | Site Name: _____

ASSET - (PREVIOUS INFORMATION)

Asset Number (see ranges below)	Extention	Asset Code (list on next page)	Asset Name

Quantity _____ ☐ square meters ☐ kilometers ☐ meters ☐ each

ASSET - (PROPOSED UPDATE)

Asset Number (see ranges below)	Extention	Asset Code (list on next page)	Asset Name

Use		Maintenance by		Design Life	Condition Rating	
0 - Out of Use	☐	1 - First Nation	☐	_____	0 = Closed	7-9 Good
1 - Permanent	☐	2 - Department	☐	Year of Construction	1-3 = Poor	
2 - Temporary	☐	3 - Other	☐	_____	4-6 = Fair	10 = New

Quantity _____ ☐ square meters ☐ kilometers ☐ meters ☐ Each

Capital Cost		Contribution by DIAND				
$ _____ x 1000 (eg. $125,000 = 125.0)	☐	100% ☐	75% ☐	50% ☐	25% ☐	0% ☐

REMARKS:

REASON

ADD		MODIFY		DELETE	
1 - New Construction	☐	5 - Quantity/Upgrade	☐	8 - Delete Asset	☐
2 - Not Previously Inventoried	☐	6 - Asset Code (new function)	☐	15 - 'ACRS' Inspection	☐
3 - Re-Entry of Deleted Asset	☐	7 - Other Reason	☐		
4 - Other Reason	☐	9 - Comments, Typing Errors	☐		
10 - 'ACRS' Inspection	☐	12 - 'ACRS' Site Change	☐		
11 - 'ACRS' Site Change	☐	13 - 'ACRS' Asset Code	☐		
		14 - 'ACRS' Quantity	☐		

ASSET NUMBER RANGES

Buildings (0001-3999)	Utilities (4000-4999)	Grounds (5000-5999)	Roads (6000-7999)	Bridges (8000-8999)	Vehicles (9000-9999)

DEPARTMENTAL USE

Technical Review: _____ Date: _____ | Data Entry: _____ Date: _____

COMMUNITY INFRASTRUCTURE

**OPERATION AND MAINTENANCE OF INFRASTRUCTURE AND
EDUCATION 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.

Completed ACRS Project Annual Report

For Asset Condition Reporting System (ACRS) Projects

First Nation Name and Number

Reserve Name and Number

	Page	of

Asset Number	Asset Extension Number	ACRS Project Number	Remarks

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

Prepared by:	Title:
Signature:	Date:

TPMS RR CODE: 0104

COMMUNITY INFRASTRUCTURE

COMMUNITY CAPITAL FACILITIES SERVICE 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 INFRASTRUCTURE

COMMUNITY CAPITAL FACILITIES SERVICE 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 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

Canada

COMMUNITY INFRASTRUCTURE

COMMUNITY CAPITAL FACILITIES SERVICE 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:
G Provisional (facility is being used for the intended purpose, with minor work remaining)
G Final (all work is completed)

First Nation Name and Number
Reserve Name and Number

Project Number	Funding Arrangement Number

Project Title

Check all that apply:

- G   All details of the project are resolved and there is no flaw, omission, uncompleted work, claim or outstanding payment.
- <   The "As Constructed" plans are available.
- <   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.
- <   The construction complies with all requirements of all applicable codes, standards and INAC Funding Arrangement.
- G   Official inspection report(s) or certificate(s) by qualified inspector(s) are attached.

        List the reports or supporting documents attached:

- e.g.   G   Fire commissioner (Human Resources Development Canada)
-         G   Environmental Licence (Provincial)
-         G   Health Canada (water, sewage, testing, etc.)
-         G   Worker's Compensation (Safety and Labour Conditions)
-         G   Survey and Soil Testing Reports, Concrete Testing Reports, etc.
-         G   Substantial Completion Certificate as per provincial legislation (e.g. *the Construction Lien Act*)
-         G   Certificate of Occupancy.
-         G   Operator's certification for water/sewage treatment plants
-         G   Environmental Mitigation Report, if required by Environmental Assessment.

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 INFRASTRUCTURE

COMMUNITY CAPITAL FACILITIES SERVICE 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.

Canada

First Nations Name and Number | fiscal year: 2005/06 | Reserve Name and Number:

type of capital project	Band Project #	Project Name and Description (more detail in Environmental Screening Reports attached or in a one page summary sheet/letter of intent)	type of capital project	ACRS Project?*	Priority Matrix Code*	Total Cost	Spent to Date 2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	Total INAC	Total Other (specify others source(s), e.g. own source revenue, other government department, non-government organization, and amount for each) specify funding source(s) $
			☐ major ☐ minor	☐ Yes ☐ No										
			☐ major ☐ minor	☐ Yes ☐ No										
			☐ major ☐ minor	☐ Yes ☐ No										
			☐ major ☐ minor	☐ Yes ☐ No										
			☐ major ☐ minor	☐ Yes ☐ No										
			☐ major ☐ minor	☐ Yes ☐ No										
			☐ major ☐ minor	☐ Yes ☐ No										
			☐ major ☐ minor	☐ Yes ☐ No										

➡ 100 # housing, 200 # water, sewage, wastewater, 300 # schools 400-# electrification, 500-# bridges, roads, 600-# other community infrastructure, 700-# contaminated sites

Total INAC $		
Total Other $		

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

Chief:	Date:	Councillor:	Date:
Councillor	Date:	Councillor:	Date:

We hereby certify that these project(s) has/have been reviewed by the _____ (Tribal Council or a First Nations technical services corporation) in conjunction with the First Nation and verify that these projects meet the requirements of the Long Term Capital Plan as well as all program and technical requirements in accordance with DIAND capital program directives, Level of Services Standards, Department Reference Manuals and the Delivery/Reporting requirements set out in the First Nations funding arrangement. All aspects of these project(s) including the implementation plans, and operation and maintenance requirements have been reviewed.

Technical Certification (Engineer/provincially certified engineering technician/Public Works Official/Capital Specialist):	Date:	DIAND Funding Services Officer:	Date:

* Please contact your regional office for more information regarding the ACRS status and the priority matrix code.

COMMUNITY INFRASTRUCTURE

OVERVIEW

The Operation and Maintenance of the Infrastructure Program is one component of INAC's strategic objective to assist First Nations to build healthy and sustainable communities. The objective of the program is to provide funding to assist First Nations to acquire, construct, operate and maintain basic community facilities and services such as water and sewage, roads, electrification, schools, community buildings and fire protection. The program ensures that these facilities and community services meet recognized standards and are comparable to the services provided to nearby communities by provincial and municipal governments.

The **Housing and Infrastructure Assets (H&IA) Web-site** houses site level information on the adequacy of basic community services, housing conditions, water quality and sewer services to the homes. First Nations may update their housing data and access previous years data through the INAC'S H&IA web site at http://pse-esd.ainc-inac.gc.ca/esd-pse/index_all_e.asp Contact your regional INAC office for further instructions.

Capital Asset Management System (CAMS) is an automated system that records information for the Operation and Maintenance of Infrastructure sub-activity. CAMS is comprised of three systems:
< **Capital Asset Inventory System (CAIS)** is a sub-system of CAMS, which contains base level information on capital assets such as location of asset, asset type, asset quantity, year of construction, etc. It is also attached to a cost database that is updated yearly to reflect Consumer Price Index (CPI) changes. Combining CAIS and the cost database allows asset Operation and Maintenance (O&M) and replacement costs to be calculated.
< **Asset Condition Reporting System (ACRS)** stores the results of asset inspections that are carried out on 20% of the inventory annually. Asset remediation/recapitalization needs identified during inspections to correct deficiencies are also stored in the system.
< **Capital Management Database (CMDB)** holds site level information on School Facilities, Joint School Agreements and Capital Plans.

Services available:
< For those communities operating under the new **Housing Policy**, housing funding can be used for a wide-range of activities including new construction, renovations, administration, insurance, training, debt servicing and maintenance.
< **Housing Subsidy Funding to First Nations** for constructing and renovating on-reserve housing.
< **Capital Construction Funding:** for planing, designing, constructing and maintaining education and other community facilities.
< **Facilities Maintenance Funding** for assisting First Nations with the cost of operating and maintaining educational facilities and other community infrastructure facilities.
< **Funding for Advisory Services and Program Support**
    1. Housing Management
    2. Band Community Housing Planning
    3. Technical Assistance for Housing
    4. Training
    5. Housing Inspections
    6. Maintenance Management
    7. Fire Safety

Progress Report on Capital Projects
Regular progress reports are needed on capital projects undertaken by First Nations when funding is through a funding arrangement that requires progress reports. These are required for the cash management policy to ensure that further advances are justified. Progress reports usually must be received by INAC for the next payment to be released.

COMMUNITY INFRASTRUCTURE

Certificate of Completion on Capital Projects
A Certificate of Completion showing that a capital project is finished must be completed at the end of every capital project. This is required before funding for operation and maintenance can be provided. The Certificate of Completion should be filed with the overall project completion report within six months of project completion. It must be signed by the project manager after inspection by a CMHC-approved building inspector (for housing projects) or by another qualified inspection authority (for public buildings or facilities where public health and safety are involved). Inspection reports or certificates by these authorities should be attached to the completion certificate.

Five Year Capital Plan Annual Update
First Nations are required to this update to provide a projection for upcoming capital projects and forms the basis for the region's capital funding in the following fiscal years.

HOUSING AND INFRASTRUCTURE ASSETS (H&IA)
Information is required annually 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. The data are used in the computerized Capital Management Database (CMDB). The regional offices of INAC will provide a copy of the previous year's report to bands for corrections and additions. The following definitions are used in conjunction with H&IA:

< A **housing unit** is any self-contained dwelling unit on a reserve or settlement with at least one bedroom. It is considered to be a main residence, rather than a seasonal or vacation home, whether or not it is presently occupied or needing renovation or repair. A housing unit can be a detached or semidetached house, a mobile home, a row house or a multi-unit residence such as an apartment, condominium, duplex or triplex, where each unit is counted separately.
< **Special purpose units** are self-contained houses that provide on-site care facilities. Examples are: children's aid homes, halfway houses, shelters for homeless people, homes for single mothers, shelters for those experiencing family violence, homes for drug and alcohol rehabilitation programs, residences for physically or mentally disabled adults or children, and nursing homes.
< **Community Services** identify the type of electrical services, road access availability, solid waste disposal services and fire protection services provided to the community.
< **Housing Conditions** refer to the number of housing units that require replacement, major renovations, indoor plumbing; and/or the number of adequate dwellings. An adequate dwelling is defined as one that does not require major repairs and does possess basic plumbing facilities, specifically hot and cold running water, inside toilets, and installed baths or showers.
< **Water Servicing** identifies types of water delivery systems used by the housing units on site.
< **Water Quality/Quantity** identifies quality and quantity of the water supply to housing units on site.
< **Sewage Servicing** identifies the sewage disposal systems used by the housing units on site.
< **Sewage Effluent** identifies whether sewage effluent from housing units on site is disposed of properly.

SCHOOLS
Information is required from First Nations concerning the number of classrooms and special purpose rooms in on-reserve schools. INAC regional offices will provide a copy of the previous year's report to bands for corrections and additions.

CAPITAL ASSETS
Detailed information on changes in capital assets is required from First Nations each year to update the computerized Capital Assets Management System (CAMS). The following definitions are used in conjunction with H&IA:

< **Capital Assets** are permanent resources in the community such as houses, schools, community buildings, roads, electricity, sewage disposal, water delivery systems and equipment. There are five categories of assets:

COMMUNITY INFRASTRUCTURE

1. buildings;
2. utilities (includes water supply and disposal equipment such as water mains, community wells, hydro-electricity, street lights, diesel generators, landfills, refuse sites and incinerators);
3. grounds (includes grass, trees, sidewalks and parking compounds);
4. transportation (includes any form of transportation infrastructure such as roads, bridges, ditches, and ferries); and
5. vehicles (includes fire, garbage, water and sewage trucks).

< **Operation and Maintenance of Capital Assets** is the performance of work or services and the provision of materials and energy to ensure the day-to-day proper functioning of an asset (e.g., the work activities and associated chemicals and fuel to run a water treatment plant).

< **Capital Funding** is any money that is received by First Nations to identify, plan, design, construct, renovate or purchase capital assets.

< A **facility** is anything that is built or installed to serve a specific need in a First Nations community. For example, a recreation hall is a facility because it provides a place for people to meet. Facilities form part of the infrastructure of a community.

< **Infrastructure** are capital assets that are long-term resources held in common for the benefit of the entire community and includes bridges, roads, wells, water and sewage systems and electricity.

< **Capital Projects** involve the planning, building, renovation or improvement of a community's capital assets. To receive funding for a capital project, First Nations must submit a project cost estimate, schedule and implementation plan according to the requirements of their funding arrangement. Reports are required for projects worth $1 million and over.

< A **capital plan** lists the capital projects over a five-year period. Capital plans give the estimated costs of new capital projects and show which projects are the most important. These projections should be updated every year to reflect any changes that take place.

Reporting Requirements: Completed Asset Condition Reporting System **(ACRS) Project**
First Nations are asked to provide information and assistance to inspectors contracted by the bands and/or tribal councils with INAC funding who gather information on the condition of capital assets. Inspectors provide a report for the centralized ACRS. They are usually provided in advance with summary information on existing assets by INAC's regional offices. This summary information includes asset numbers, extension numbers and the number of ACRS projects. Details on reporting procedures and deadlines are available from INAC's regional offices.

SUMMARY OF REPORTS REQUIRED AND DUE DATES

FIRE	H&IA	SCHOOLS
Fire Losses Annual Report DUE March 31 for previous calendar year	**Housing and Infrastructure Assets (H&IA) Annual Report** DUE March 31 for previous fiscal year ending March 31	**Schools Annual Report** DUE March 31 for previous fiscal year ending March 31

CAPITAL ASSETS		
Changes in Capital Assets Annual Report DUE March 31 for previous fiscal year ending March 31	**Completed ACRS Project Annual Report** DUE March 31 for previous fiscal year ending March 31	

COMMUNITY-BASED HOUSING PLAN			
	CAPITAL PROJECTS:		
Community -Based Housing Plan Annual Report DUE March 31 for previous calendar year	**Progress Report on Capital Projects** DUE monthly or as per funding agreement	**Certificate of Completion for Capital Projects (Provisional and Final)** DUE within 90 days after a capital project is completed	**Five Year Capital Plan *Annual Update*** DUE March 31 for previous calendar year

COMMUNITY INFRASTRUCTURE

DATA ELEMENTS DEFINITIONS AND SOURCE
This table describes the data to be collected justifies their inclusion. The various data elements are required for administrative, accountability and operational purposes. For some data, the source is a formal document. *For example, in Housing and Infrastructure, the source for data on the number of new housing units completed is a completion certificate signed by a qualified building inspector. This means data on the number of new housing units completed is gathered by counting the number of completion certificates. If 10 completed housing units are reported, there must be 10 completion certificates on file.*

Fire Losses Annual Report: The data listed below is required for statutory and operational purposes and is collected to monitor the number of fires and resulting losses on a national level.

Data Element	Description
Address	*Source: Fire Incident Report*
No. of People Injured (divide into adults and children)	*Source: Fire Incident Report*
No. of Deaths (divide into adults and children)	*Source: Fire Incident Report*
No. of Buildings Damaged	Used to maintain INAC's knowledge base on capital assets on reserves. *Source: Fire Incident Report*
No. of Buildings Destroyed	Used to maintain INAC's knowledge base on capital assets on reserves. *Source: Fire Incident Report*
Losses in Dollars	Used to maintain INAC's knowledge base on capital assets on reserves. *Source: Fire Incident Report*

HOUSING AND INFRASTRUCTURE ASSETS: Required for resourcing and policy purposes, this information is also used for long-term capital planning and reporting to Parliament, central agencies and INAC's senior management.
Housing Conditions:

Data Element	Description
First Nation Name (Band Name)	Official name of a First Nation and allows INAC to identify the First Nation. *Source: Band Council Resolution*
Reserve Name	Official name of this site. It is the name used in the Department's Indian Land Registry System for this site. *Source: Band Council Resolution*
Number of Adequate Housing Units	- An "Adequate" dwelling is defined as one that does not require Major Renovations or Replacement and DOES possess basic plumbing facilities, specifically, hot and cold running water, inside toilets and installed baths or showers. - The calculation of "Adequate" housing is based on the formula: Adequate = Total Number of Housing Units - Housing requiring Major Renovations - Housing requiring Replacement.
No. of Houses that Need Major Renovations	This could include, but is not limited to: ! extensive structural faults such as rotting or sagging foundations; ! extensive structural repairs to walls, floors, ceilings or roofs; and ! replacement and/or upgrading of defective plumbing and/or electrical wiring. *Source: Housing Inspectors Report/Band Housing Co-ordinator*
No. of Houses Requiring Replacement	Refers to the number of housing units that: - are no longer habitable as a result of, for example, fires or natural disasters, or; - are declared unsafe or unfit for human habitation by a certified inspector because they no longer meet basic quality standards and cannot be economically renovated to an acceptable condition. *Source: Housing Inspectors Report/Band Housing Co-ordinator*
No. of Houses Requiring Basic Indoor plumbing Facilities	Refers to houses that do not have an indoor toilet, an assured supply of hot and cold running water, a bath or a shower. *Source: Housing Inspectors Report/Band Housing Co-ordinator*

Water Delivery Systems: Number of houses receiving one of the following types of water delivery systems:
Source: Housing Inspectors Report/Band Housing Co-ordinator

Data Element	Description
Piped	Number of housing units with water service provided by a piped pressurized system. A **piped water** system has mains and should also have fire hydrants.

COMMUNITY INFRASTRUCTURE

Data Element	Description
Community Well	Number of housing units with water service provided by a **community well**. Several housing units with pipes connected to a well should be considered as a **community well**, because the piping is only a service connection.
Individual Well	Number of housing units with water service provided by an **individual well**.
Truck Water A	Number of housing units with water services provided by a truck. The houses have plumbing and are equipped to accept the trucked water service (i.e., cistern and pressured system).
Truck Water B	Number of housing units with water service provided by a truck and stored in 45 gallon barrel drums. Because the houses have not been plumbed to accept the service (i.e., cistern and pressurized system), Truck B is not considered as a basic level of service.
Other	Number of housing units with water service provided by other means.
No Service	Number of housing units with **no water service**.

Water Supply: Number of housing units with the following water supply categories:
Source: Housing Inspectors Report/Band Housing Co-ordinator/ Environmental Health Officers

Data Element	Description
Category 1	Number of housing units with a pressurized water supply that satisfies the health related requirements of the latest edition of the Guidelines for Canadian Drinking Water Quality and in volumes for various requirements of the INAC Levels of Service Standard (LOSS).
Category 1A	Number of housing units with a pressurized water supply that SATISFIES the various requirements of the INAC Levels of Service Standard (LOSS), BUT DOES NOT satisfy the health related requirements of the latest edition of the Guidelines for Canadian Drinking Water Quality.
Category 2	Number of housing units with a water supply that satisfies the health related requirements of the Guidelines for Canadian Drinking Water Quality, BUT DOES NOT satisfy the volume requirements of the INAC Levels of Service Standard for adequate hygiene and safety purpose. Typically a Truck Water B service would be classified as a Category 2 service.
Category 2A	Number of housing units with a water supply that DOES NOT satisfy the health related parameters of the Guidelines for Canadian Drinking Water Quality, and DOES NOT satisfy the volume requirements of the INAC Levels of Service Standard (LOSS) for adequate hygiene and safety purposes.
Category 3	Number of housing units with no service that meets water supply requirements. Note: **The number of housing units with no water servicing should be equal to the number of housing units classified as Category 3 for Water supply.** *NOTE: A water system should not be deemed inadequate because aesthetic objectives, as defined by the Guidelines for Canadian Drinking Water Quality, are exceeded. A water supply system should also not be deemed inadequate because of poor operator technique, neglect or improper operation.*

Sewage System: Number of housing units with the following sewage system services:
Source: Housing Inspectors Report/Band Housing Co-ordinator

Data Element	Description
Piped	Number of housing units with waste water disposal provided by a piped system.
Community Septic Field/Tank	Number of housing units with waste water disposal provided by a **community septic** tank and field.
Individual Septic Field/Tank	Number of housing units with waste water disposal provided by an **individual septic** tank and field.
Septic Truck	Number of housing units with waste water disposal provided by a **septic truck**.
Other	Number of housing units with waste water disposal provided by **other** means.
No Service	Number of housing units with **no waste water disposal service**.

Sewage Disposal System The number of housing units with the following sewage disposal categories: *Source: Housing Inspectors Report/Band Housing Co-ordinator /Environmental Health Officers*

Data Element	Description
Category 1	Number of housing units whose household sewage is discharged to a collection and/or treatment system that is consistent with provincial/territorial practice, the latest edition of the

COMMUNITY INFRASTRUCTURE

Data Element	Description
	Guidelines for Effluent Quality and Wastewater Treatment at Federal Establishments and the INAC Levels of Service Standard (LOSS), and does not constitute an environmental threat.
Category 2	Number of housing units whose sewage is discharged to a collection and/or treatment system that is INCONSISTENT with provincial/territorial practice, the latest edition of the Guidelines for Effluent Quality and Wastewater Treatment at Federal Establishments and the INAC Levels of Service Standard (LOSS), and poses a health or environmental threat.
Category 3	Number of housing units with no service that meets sewage disposal requirements. Note: **The number of housing units with no sewage servicing should be equal to the number of housing units classified as Category 3 for sewage effluent.** *NOTE: A sewage system should not be deemed inadequate due to poor operation technique, neglect or improper operation.*

Housing Units

Data Element	Description
No. of Houses Completed	Total number of housing units constructed during the reporting period. *Source: Completion Certificate*
No. of Houses Used for Special Purposes	Self-contained housing, used as a principal residence, which includes the number of on-site care services and facilities, related to residents' common physical, social and emotional condition or disability. Examples include Children's Aid Home, homes for ex-prisoners (halfway house), homeless persons shelter, unwed mothers home, victims of family violence home, alcohol and drug abusers home, physically or mentally disabled adults or children home, families of hospital patients residence and senior citizens' nursing home. **Special Purpose** housing units are excluded from the **Total Units** count. *Source: Band Housing Authority/Band Housing Coordinator*
No. of Houses Deleted	Total number of housing units lost due to fire, natural disasters, etc. or demolished due to poor condition during the reporting period. *Source: Band Housing Authority/Band Housing Co-ordinator*
No. of Houses with Renovations Completed	Total number of housing units renovated during the reporting period. *Source: Band Housing Authority/Band Housing Coordinator*
Total No. of Housing Units on the Reserve	<u>Actual</u> total number of housing units on the reserve. *Source: Band Housing Authority/Band Housing Co-ordinator*

Community Services

Data Element	Description
Electrification	**Electrification** field is used to indicate the type/level of community electrification service provided to this site. Available choices are: 1 - **Grid** 2 - **Diesel Generated, Full Service** 4 - **Other Generated, Full Service** 0 - **No-Service** 3 - **Diesel Generated, Restricted Service** 5 - **Other Generated, Restricted Service** Note: Electrification service provided to the community and identified by codes 1, 2 and 4 are considered **adequate**; those identified by codes 0, 3 and 5 are considered **inadequate**. *Source: Band Housing Authority, Band Housing Co-ordinator, Band Directors of Public Works, Band Managers*
Road Access	**Road Access** refers to the adequacy of road access within this site. Available choices are: 0 - **Inadequate** 1 - **Adequate** *Source: Band Housing Authority, Band Housing Co-ordinator, Band Directors of Public Works, Band Managers*
Solid Waste Disposal	**Solid Waste** field is used to indicate the adequacy of the solid waste disposal facility used by this site. Available choices are: 1 - **Adequate**: Household solid waste disposal is defined as adequate if the solid waste from the housing unit is disposed to a facility that is consistent with provincial/territorial practice and DRM 10-7/42 (under revision) and does not constitute a health or environmental threat. 2 - **Inadequate**: Household solid waste disposal is defined as inadequate if the solid waste from the housing unit is disposed to a facility that is inconsistent with provincial/territorial practice and DRM 10-7/42 (under revision) and poses a health or environmental hazard.

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Data Element	Description
	3 - **No Service Provided** ***Note: A solid waste facility should not be deemed inadequate due to poor operator technique, neglect or improper operation.*** *Source: Band Housing Authority, Band Housing Co-ordinator, Band Directors of Public Works, Band Managers*
Fire Protection	**Fire Protection** field is used to indicate the adequacy of the fire protection service at this site. Available choices are: 1 - **Verified**: Service which is *verified* by a site survey conducted by a fire protection specialist and which either: - meets Levels of Service Standard - Fire Protection Services (INAC Corporate Manuals System, Vol. 1, Part 1-1, Appendix A) and is provided with a staffed and trained fire department; or - has a substitute mutual aid or Municipal Type Agreement which provides the required material and staff. 2 - **Not Verified**: Service that: - is *not verified* by a site survey conducted by a fire protection specialist; and/or - does not meet Levels of Service Standard - Fire Protection Services (INAC Corporate Manuals System, Vol. 1, Part 1-1, Appendix A) and/or - does not provide a staffed and trained fire department; and/or - does not have a mutual aid or Municipal Type Agreement to provide the required material and staff. 3 - **No Service Provided** *Source: Fire Protection Specialist inspection reports*
Contract	**Contract** field is used to indicate if a fire protection contract or a mutual aid contract exists between this site and an outside agency. Available choices are: - YES/ NO **NOTE: If Contract is YES, then the Contractor field MUST be filled in.** *Source: Fire Protection Specialist inspection reports/Band Director of Public Works/Band Administrator*
Contractor	**Contractor** is the name of the outside agency providing fire protection or mutual aid services to this site. Maximum number of characters allowed is 20. Note: **If "Contract" equals YES, this section must be filled in.** *Source: Fire Protection Specialist inspection reports/Band Director of Public Works/Band Administrator*

SCHOOLS Annual Report: This information is required for resourcing and policy purposes and is used for long-term capital planning and reporting to Parliament, central agencies and INAC's senior management.

Data Element	Description
Date of Last Fire Inspection	**Inspection** refers to fire inspection services and includes the periodic examination of buildings by a trained and qualified inspector to determine if construction, maintenance and operation conform to applicable fire safety codes, standards and requirements. This inspection is usually carried out by a trained member of the community fire brigade or department. *Source: Fire Protection Specialist inspection reports*
No. of Classrooms Used by Each Category	*Source: Building Certificates/Log Books/ School Register*
No. of Special Purpose Classrooms Available	*Source: Building Certificates/Log Books/ School Register*

CAPITAL ASSETS: **Changes in Capital Assets:** This information is required for operational, resourcing, planning and accountability purposes. It is also used to allocate resources, develop responses to ministerial and public inquiries, and to maintain INAC's knowledge base.

Data Element	Description
Asset Name	*Source: CAIS*
Asset No.	The four-digit number code assigned to all assets. *Source: Existing Assets - CAIS*
Asset Extension No.	Indicates how many assets have the same asset number. Each will have a different extension number. *Source for Old Assets: CAIS, Source for New Assets: INAC*
Class	Numeric code 0-9 that corresponds to an asset class. *Source: CAIS*
Sub-class	Code A-Z that corresponds to the asset sub-class. *Source: CAIS*

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Data Element	Description
Reserve Name	Name of the reserve where the asset is located. *Source for Old Assets: CAIS, Source for New Assets: Band Administration*
Quantity	The quantity of the asset. *Source for Old Assets: CAIS, Source for New Assets: Band Administration*
Capital Cost	This includes the acquisition and construction cost. *Source: CAIS*
Description or Use of Asset	This is in order to match the asset code to the asset. *Source: CAIS*
Category	Five categories are available: A - Buildings B - Utilities C - Grounds D - Transport E - Vehicles *Source: CAIS*
Status of the Asset	Indicates whether asset has been added, deleted, or modified. If so, provide details.

CAPITAL ASSETS: Completed ACRS Project Annual Report: This information is required for operational, resourcing, planning and accountability purposes. It is used to allocate resources, develop responses to ministerial and public inquiries and to maintain INAC's knowledge base.

Data Element	Description
ACRS Project Number	This is the number assigned to the project.
Remarks	Describe condition of the asset.

CAPITAL PROJECTS: **Progress Report on Capital Projects over $1 Million:** The source for all data elements is the project proposal or the project manager.

Data Element	Description
Project Number	Required for operational, resourcing and accountability purposes.
Project Title	Required for operational, resourcing and accountability purposes.
Project Start Date	Required for operational, resourcing and accountability purposes.
Progress Report for the Period	Required for operational, resourcing and accountability purposes.
Completion Date	Required for operational, resourcing and accountability purposes.
Work Progress Compared to Original Project Schedule (Time)	Required for operational, resourcing and accountability purposes. To assess project schedule (time) performance.
Work Done to Date (%)	To report work progress (%) in each phase to date (design, construction, commissioning or start-up).
Work Planned to Date (%)	To indicate work planned (%) in each phase by this date (design, construction, commissioning or start-up).
Variance between Work Done and Work Planned to Date (%)	To assess time performance and control project schedule.
Actual Expenditures to Date ($)	To report expenditures ($) in each phase to date (design, construction, commission, continuing or start-up). Required for operational, resourcing and accountability purposes.
Budgeted Expenditures to Date ($)	Required for operational, resourcing and accountability purposes. To indicate planned budget ($) in each phase to date (design, construction, commissioning or start-up).
Variance between Actual and Budgeted Expenditures to Date ($ %)	Required for operational, resourcing and accountability purposes. To assess cost and performance.
Explanation of Variances between Planned and Completed Work (time and cost)	Required for operational, resourcing and accountability purposes. To assess time and cost performance and control cash flow accordingly.
Source of Funds (for the capital project)	Required for operational, resourcing and accountability purposes. To control cash flow.

COMMUNITY INFRASTRUCTURE

Asset Codes for Capital Asset Change Form on page 8.

A. BUILDING (001-399)

1. Administrative
A - Office
B - Other

2. Operative
A - Trade Shop/Workshop (Municipal)
B - Garage (Municipal)
C - Warehouse (Band or School)
D - Greenhouse
E - Barn/Stable
F - Forest
Z - Other

3. Institutional
A - School
B - Daycare Centre
C - Clinic
D - Nursing Station
E - Library
F - Museum
G - Police Station
H - Fire Station
I - Church Chapel
J - Laboratory
K - Training Centre (Trades, Handicap)
Z - Other

4. Residential
A - Single Family House
B - Semi Detached House (side by side)
C - Row House
D - Apartment Building
E - Mobile Home/Trailer
F - Bunk House
G - Group House
H - Dormitory
I - Student Residence
J - Duplex (up-down)
L - Teacherage
Z - Other

5. Utility
A - Water Supply/Treatment
B - Wastewater Treatment Disposal
C - Electrical Power Generation
D - Solid Waste, Disposal
E - Central Heating Plant
Z - Other

6. Recreational
A - community Rec/Hall/Cultural Centre
B - Arena
C - Gymnasium
D - Indoor Swimming Pool
E - club House/Youth Centre/Senior Citizen drop-in
F - theatre
G - Kitchen shelter/Camping not commercial
H - shelter/Hut/Skating/Baseball/ Playground
Z - Other

7. Commercial
A - Store
B - Restaurant
C - Tavern
D - Laundromat
E - Arts and Craft Centre
F - Radio/TV Satellite

G - Motel
H - Hotel
I - Other

8. Industrial
A - Fish Processing
B - Tannery
C - Machine Shop
D - Furniture Repair - Fabrication
E - Furniture Repair - Fabrication
F - Sawmill
G - School Bus Garage
H - Highway Dep. Bldg.
Z - Other

B. UTILITY (403-499)

1. Water Supply & Distribution System
A - Heated Water Mains
B - Water Mains
C - Water Treatment System
D - Water Treatment Unit
E - Water Storage
F - Community Wells
G - Water Standpipes
I - Low Level Liftstation
Z - Other

2. Water Collection and Disposal System
A - Sanitary Main
B - Storm Main
C - RBC/Trickling Filter
D - Extended Aeration Plat
E - Lagoon
F - Community Septic Tank and Filed
G - Jet Pump disposal
H - Liftstation
I - Aerated Lagoon
J - Forcemain
Z - Other

3. Electrical Power Supply and Distribution System
A - Mini-Hydro
B - diesel Generators
C - Street Lights
D - Transmission Lines
E - distribution Lines
Z - Other

5. Bulk Fuel Storage and Distribution System
A - Storage
B - Distribution
Z - Other

6. Central Heating and Distribution System
A - Generation
B - Distribution
Z - Other

C. GROUNDS (501-599)

1. Grass
A - Unmaintained
B - Maintained
Z -Other

2. Parking/Compounds
A - Paved
B - Gravel
C - Unmaintained

Z - Other

3. Trees
A - Ornamental
B - Forest
Z - Other

4. Sidewalks
A - Concrete
B - Asphalt
C - Gravel
D - Trail
Z - Other

5. Playgrounds
A - Totlots
B - Ball Diamonds
C - Soccer/Football
D - Outdoor Hockey
E - Outdoor Pool
F - Picnic Area
G - Developed Beach Area
H - Tennis Court
I - Track and Filed
Z - Other

6. Cemetery
A - No subclassifications

7. Airfield
A - Grass
B - Paved
Z - Other

8. Fire Breaks
A - No Subclassifications

9. Camping Grounds
A - Sites
Z - Other

10. Recreational Marinas
A - Docking Capacity
Z - Other

D. TRANSPORTATION (601-799)

1. Reserve Roads
A - Earth Roads
B - Gravel Roads
C - Surface Treated Roads
D - Paved Roads

2. Reserve Bridges (801-899)
A - Vehicular Bridges
B - Pedestrian Bridges
C - Large Culverts

3. Culverts (601-899)
A - Longitudinal
B - Pedestrian Bridges
C - Large Culverts

4. Ditches (601-899)
A - Roadside
Z - Other

5. Traffic Control Devices (601-899)
A - Signs
B - Traffic Lights

6. Ferries (601-899)
A - Vehicular
B - Pedestrian
Z - Other

7. Other Roads (601-899)
A - Third Party Bridges
B - Private Access Bridges

COMMUNITY INFRASTRUCTURE

C - Private Entrance Bridges
D - Off-Reserve Bridges
E. VEHICLES (901-999)
1. Fire
A - Mini-Pumper
B - triple Combination Pumper
C - Firefighting Vehicles (other)

2. Solid Waste Collection
A - compactor
B - Unmodified
Z - Other
3. Liquid Water Collection
A - Commercial Pumper
B - Liquid Waste Unmodified Chassis

Z - Other
4. Water Delivery
A - Commercial Tanker
B - Unmodified Chassis
Z - Other
C - Large Culverts.

OTHER

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

POLICING funded by the Public Safety and Emergency Preparedness Canada (Solicitor General Canada) <u>through</u> 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)

First Nations that have agreements with the Public Safety and Emergency Preparedness Canada (Solicitor General Canada) to provide policing services on reserves, either under tripartite policing agreements, or Band Constables funding agreements, are responsible for ensuring that constables have appropriate provincial authority or certification from the RCMP. As well, they must report on the receipt and use of the funds.

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;

       O 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 Public Safety and Emergency Preparedness Canada (Solicitor General Canada) may also require other information. For more details on reporting requirements and deadlines, contact your INAC regional office (See Tab A).

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)

Health Canada / First Nations and Inuit Health Branch/
Program Policy, Transfer Secretariat, and Planning Directorate /
Health Funding Arrangements

HEALTH SERVICES
REPORTING AND AUDITING GUIDELINES
HEALTH CANADA
Table of Contents

Health Canada / First Nations and Inuit Health Branch /
Program Policy, Transfer Secretariat, and Planning Directorate /
Health Funding Arrangements

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 that $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) Report on Communicable disease as required by Provincial Regulation; including contact-tracing and follow-up	Annual according to the federal or provincial immunization schedule identified in the Community Health Plan Notification to Province and Department within 24 hours on diseases with epidemic potential Annual Summary
Environmental Health	Total number and percentage of facilities meeting Provincial/Federal and environmental standards; food services; water supply; sewage and garbage; pollution; and hazardous substances	Annual Summary Notification within 24 hours of environmental hazards or condition which may have any significant environmental impact; including steps taken to remedy the situation.
Treatment Services *	Total number of patients seen in diagnostic categories as specified in the Community Health Plan.	Annual Summary

* Include only if treatment services are part of the Transfer Agreement

ATTACHMENT 4 - Summary of Reporting Requirements

Summary of Reporting Requirements

Report	Information Required	Method/Frequency of Reporting
Annual Report to Community Members	• summary of programs and services • data on services, operations and results • challenges and changes in members health status • explanations for deviations from the CHP • audit report	• report from Health Authority available each year to the entire community and FNIHB within 90 days after the end of the Band's fiscal year • copy as part of the Annual Report to the Minister
Reports on the Provision of Mandatory Programs	• separate requirements for communicable disease control, environmental health and treatment services; details provided in CHP-3, Handbook 2.	• periodic reports to the provinces with copies to FNIHB as required by provincial and federal authorities for each mandatory program • annual summary as part of the Annual Report to the Minister
Audit Report	• auditor's opinion of Band's financial statements • compliance with terms and conditions of Agreement • report on health expenditures • report on Moveable Assets Reserve	• report to FNIHB Regional Office within 90 days after the end of the Band's fiscal year • copy as part of the Annual Report to the Minister and of the Annual Report to community members.
Evaluation Report	• evaluation to be conducted in accordance with the Evaluation Plan during 4th year of transfer period to allow report to be completed in 5th year of transfer period • assessment of the effectiveness of community health programs and objectives • determination of any changes in health status of community members	• report to community members and FNIHB for every 5-year period of transfer.
Annual Report to the Minister	• includes copy of Annual Report to community members, a summary of reports on mandatory programs, and a copy of the audit report	• annually to FNIHB within 90 days after the end of the Band's fiscal year

ATTACHMENT 5 - Listing of Moveable Assets

LISTING OF MOVEABLE ASSETS			
FISCAL YEAR: 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   **125 Main Street**

Sue Brown, CA   **Ottawa, Ontario K1A OL3**

Telephone: (613) 945-1234

Fax: (613) 922-4567

Sample: Auditor's Derivative Report

To the Minister of Health

c/o Regional Director

Alberta Region

First Nations and Inuit Health Branch

Health Canada

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

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

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

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

Ottawa, Ontario   **Glasgow and Brown**

June 15, 2000   **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	$ 615,000
TOTAL FUNDS AVAILABLE	**$620,000**

EXPENDITURES

Administration	$ 195,000
Nursing Services	$ 105,000
Building Health Communities	$ 165,000
Health Transfer Evaluation	$ 20,000
Health Facilities Operations	$ 125,000
TOTAL EXPENDITURES	**$610,000**

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

FUNDS FROM OTHER SOURCES (for information only)

Provincial Government Wellness Program	$65,000

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

SAMPLE ONLY

SCHEDULE - REPORT ON MOVEABLE ASSETS RESERVE (MAR)

BAND: Earth First Nation

FISCAL YEAR: 200__ /200__

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

ATTACHMENT 7 - Sample Audit Report

for Health Services Canada/First Nations Funding Agreement

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

Contents of Audit Report

ATTACHMENT 7-2 - Auditor's Report

SAMPLE ONLY

Dent and Associates
CHARTERED ACCOUNTANTS

Peter Dent, CA	**130 Cushion Street**
Sue Black, CA	**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	**Dent and Associates**
June 15, 2000	**Chartered Accountants**

ATTACHMENT 7-3 - Sample Balance Sheet

SAMPLE ONLY

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	$ 389,500	$ 385,700
	$ 400,000	$ 395,500

LIABILITIES

CURRENT LIABILITIES		
Accounts payable, Schedule 1	$ 36,500	$ 2,000

EQUITY

ACCUMULATED SURPLUS (DEFICIT)	$ 276,000	$ 320,000
MOVEABLE ASSETS RESERVE, Attachment 7-4	$ 87,500	$ 73,500
EQUITY AS AT MARCH 2000	$ 364,000	$ 394,000
	$ 400,000	$ 395,500

Approved By:

_____ Chief

_____ Councillor

ATTACHMENT 7-4 - Statement of Moveable Assets Reserve

SAMPLE ONLY

Sun First Nation

STATEMENT OF MOVEABLE ASSETS RESERVE

FOR THE PERIOD ENDING MARCH 31, 2000

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

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	$ 10,500	$ 5,500
	$ 886,000	$ 814,000
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	$ 25,000	
	$ 930,000	$ 830,000
EXCESS REVENUE (EXPENDITURE)	-44000	-16000
ACCUMULATED SURPLUS AT BEGINNING OF YEAR	320000	$304000
ACCUMULATED SURPLUS AT END OF YEAR	$ 276,000	$ 320,000

ATTACHMENT 7-6 - Sample Schedule of Expenditure

SAMPLE ONLY

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

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

BUILDING HEALTHY COMMUNITIES

Resource coordinator	$ 29,000	$ 20,000	$ 26,500
Mental health worker	$ 21,500	$ 25,000	$ 20,500
	$ 50,500	$ 45,000	$ 47,000
HEALTH TRANSFER EVALUATION	$ 15,000	$ 25,000	_____
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	$ (76,000)	$ 57,000
	$ (16,500)	$ (10,400)
CASH FLOW FROM INVESTING ACTIVITIES	$ 16,500	$ 10,400
CASH POSITION AT END OF YEAR	**$ 0**	**$ 0**

ATTACHMENT 7-8 - Notes to Financial Statements

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

	2000	1999
Moon Tribal Council		$ 70,000
Due from Health Canada	$ 389,500	$ 315,700
	$ 389,500	$ 385,700

ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	2000	1999
First Nations Health Authority	$ 34,000	
HFA Airlines		$ 1,500
Connors Utilities	$ 1,300	
Tolley Stationary	$ 1,200	$ 500
	$ 36,500	$ 2,000

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

Annual Return
Management Report for Block Funded Programs[1]

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[1] For Targeted Programs, please refer to the Comprehensive Funding Agreement.

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 for block funded programs to be submitted; and

3) forms to be completed for each 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 (DIAND) (see other sections of this Guide). The Guide and the regional and/or district offices will provide the council with a schedule of reporting dates for these reports.

The information may be submitted on the forms provided or on other stationary, or online as long as the format is followed. (If the requested reports have already been submitted to DIAND during the year, please indicate on pages 3, 4 and 5.)

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

FTA/CFNFA/DFNFA
Management Report

Recipient Name: _____

Agreement No: _____

Summary of Reports to be submitted
Please identify which reports have been submitted to DIAND

Submitted

A. Indian Government Services
< Pension Plan Funding Annual Report _____
  Due annually - May 31
< Tribal Council Program Annual Report or
  Eligible Unaffiliated Large Band Advisory Service Annual Report _____
  Due Annually - May 31
< Application for Band Employee Benefits _____
  Due upon renewal of FTA/CFNFA/DFNFA
< List of Eligible Employees _____
  Due upon renewal of FTA/CFNFA/DFNFA

B. Indian Registration/Band Governance
< Indian Registry Data Entry (Events/Amendments) _____
  Due monthly
< Indian Register Events Reports Summary _____
  Due monthly
< Certificate of Indian Status Register _____
  Due monthly
< Electoral Officers Report _____
  Due two weeks following every general election and by-election
< Custom Election Report _____
  Due two weeks following every general election and by-election

C. Elementary/Secondary Education
< Nominal Roll Student Census Report _____
  Due annually - October 15
< Teacher and Curriculum Information Form _____
  Due annually - October 15
< School Program Evaluation Report _____
  Once every five years

D. Post-Secondary Education (PSE)
< Register of PSE Students _____
  Due annually - December 31
< Register of PSE Graduates/Summary Total of PSE Funded Students _____
  Due annually - December 31

E. Social Development
< Income Assistance Annual Report _____
  Due annually - May 31
< Assisted Living Annual Report _____
  Due annually - May 31
< National Child Benefit Reinvestment Annual Report _____
  Due annually - May 31
< Day Care Facilities/Head Start Program Annual Report (Alberta and Ontario only) _____
  Due annually - May 31

F. **Lands/Economic Development**
- < Lands - contact region
- < Community Economic Development Report   _____
    Due annually - June 30

G. **Operation and Maintenance of Infrastructure and Education 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

I. **Community Capital Facilities Service Delivery (Including Housing)**
- < Community-Based Housing Plan Annual Report   _____
    Due annually - March 31
- < Progress Report on Capital Projects   _____
    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 Annual Update   _____
    Due annually - March 31

K. **Fire Protection**
- < Fire Losses Annual Report   _____
    Due annually - March 31

L. **Policing** (Solicitor General)
- < Contact Region

M. **Health Services Canada Transfer Agreements** (Health Canada)
- < Health Services Reporting and Auditing Guidelines   _____
    Due dates set by region

<u>**Indian Government Services**</u>

a. Minimum Program Requirements (Pension Plan Funding):

< Are pension plans fully portable, available to all eligible council employees irrespective of occupational group, designed to meet, as applicable, the requirements of Revenue Canada and to conform to and be registered under the *Pension Benefits Standards Act* - 1985 with the Office of the Superintendent of Financial Institutions (OSFI) of Canada?   **Yes G No G**

< Has the required documentation and fees been submitted to OSFI?   **Yes G No G**

< Has the employee-employer share of contributions been remitted to the underwriter toward a private pension plan and has CPP/QPP contributions been remitted to Canada Customs and Revenue Agency?   **Yes G No G**

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

b. Other Information:

< Data Report for Pension Plan Funding, and either Tribal Council Program Annual Report or Band Advisory Services Annual Report are to be provided annually by the council to DIAND (Refer to Tab B: Indian Government Services).

< Application for Band Employee Benefits and List of Eligible Employees are to be provided by the council to DIAND upon renewal of FTA/CFNFA/DFNFA (Refer to Tab B: Indian Government Support).

Information provided here confirmed as correct by:

Name	Signature
Date	Title

Indian Registration/Band Governance

a. Minimum Program Requirements:

< For <u>Bands administering the Indian Registry Program</u>, has up-to-date information been submitted to DIAND, in accordance with the DIAND Indian Registry Reporting Manual, for the purpose of maintaining the Indian Register?
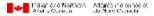
Yes G   No G

< Has up-to-date information been submitted to DIAND, in accordance with the Electoral Officers Handbook?

Yes G   No G

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

Information provided here confirmed as correct by:

Name	Signature
Date	Title

Canadä

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?

<div align="right">

Yes G No G
</div>

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.

<div align="right">

Yes G No G
</div>

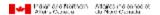<   Education standards permit students to transfer to the provincial school system without academic disadvantage.   **Yes G No G**

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

d. Other Information:

<   A copy of the nominal roll shall be submitted by the council to DIAND (Refer to Tab D: Education). The data shall be as of September 30.

<   A copy of the Teacher and Curriculum Information Form shall be submitted by the council to DIAND (Refer to Tab D: Education). The data shall be as of September 30.

<   A copy of the School Evaluation Report shall be submitted by the council to DIAND (Refer to Tab D: Education) every five years. Contact your regional office for due dates and reporting standards.

Information provided here confirmed as correct by:

Name	Signature
Date	Title

Canada

Post-Secondary Education (PSE)

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

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

Yes G No G

If yes, please identify on an attached page.

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

< Defined eligibility criteria.   **Yes G No G**

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

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

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

d. **Other Information:** Both the *Register of PSE Students* and the *Register of PSE Graduates/Summary of PSE Students* are to be submitted annually from the council to DIAND (Refer to Tab D: Education).

Information provided here confirmed as correct by:

Name	Signature
Date	Title

Canadä

Social Development

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

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

Yes G No G

If yes, please identify on an attached page.

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

< An objective needs test.   **Yes G No G**

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

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

< Impartial process for the appeal of administrative decisions.   **Yes G No G**
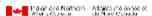
< Procedures to ensure confidentiality of client information.   **Yes G No G**

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

d. **Other Information:**   Data reports for Income Assistance, Assisted Living, National Child Benefit, and, for Alberta and Ontario, the Day Care Facilities/Head Start Program Annual Report are to be submitted by the council to DIAND (Refer to Tab E: Social Development). As well, in Ontario monthly social assistance statements are to be provided in accordance with the *1965 Indian Welfare Agreement*.

Information provided here confirmed as correct by:

Name	Signature
Date	Title

Canada

Land Management

a. Minimum Program Requirements:

Bands with delegated authority under sections 53 or 60 of the *Indian Act.*
<   Have land transactions been managed and administered in accordance with the *Indian Act*, delegation instruments and the DIAND Land Management and Procedures Manual?

Yes G No G

<   Has the council operated a lease billing system and kept an accounting record for all leases and permits entered into, rental received, receivable and overdue?   **Yes G No G**

<   Was the Minister provided with duplicate originals of all documents executed by the council or its agent, for registration, pursuant to the delegated authority?   **Yes G No G**

<   Has there been an approval of the form and term of instruments including pre-audit of those with terms over 25 years (where applicable)?   **Yes G No G**

<   Has the council notified the Minister of rental arrears, outstanding permit fees over 30 days in arrears, any breaches of lease/permits terms and conditions and any other issues?

Yes G No G

Bands without delegated authority under sections 53 or 60 of the *Indian Act.*
<   Has the council provided core and transaction services in accordance with the DIAND Land Management and Procedures Manual?   **Yes G No G**

<   Has the council notified the Minister of rental arrears, outstanding permit fees over 30 days in arrears, any breaches of lease/permits terms and conditions and any other issues?

Yes G No G

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

Information provided here confirmed as correct by:

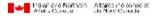| Name	Signature
Date	Title

Economic Development

a. Other Information:

<   Community Economic Development Report shall be submitted by the council to DIAND (Refer
    to Tab F: Economic Development).

Information provided here confirmed as correct by:

Name	Signature
Date	Title

Operations and Maintenance of Infrastructure and Education Assets and Facilities

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

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

Yes G No G

If yes, please identify on an attached page.

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

<   Band capital assets are recorded in an inventory of band assets.   **Yes G No G**

<   Performance/level of service standards are identified for all assets.   **Yes G No G**

<   Minimum maintenance activities are planned for all assets.   **Yes G No G**

<   All activities are assigned to a responsible person to ensure their completion.   **Yes G No G**

<   A record is kept of all maintenance activities performed.   **Yes G No G**

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

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

Information provided here confirmed as correct by:

Name	Signature
Date	Title

Community Capital Facilities Service Delivery (Including Housing)

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

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

Yes G No G

If yes, please identify on an attached page.

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

< All projects have a well-defined and formally approved scope of work, schedule and budget.

Yes G No G

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

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

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

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

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

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

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

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

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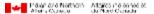
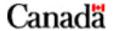| Name	Signature
Date	Title

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 G No G

  If yes, please identify on an attached page.

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

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

d. Other Information: Data report for Fire Protection shall be submitted by the council to DIAND (Refer to Tab G: Capital).

Information provided here confirmed as correct by:

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 G   No G

If yes, please identify on an attached page.

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

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

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

Information provided here confirmed as correct by:

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 G No G

If yes, please identify on an attached page.

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

Community Health Services

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

<   Were the communicable diseases reported as required by provincial/federal legislation?

Yes G No G   N/A G

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

Treatment Services

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

Environmental Health and Surveillance

<   Do environmental health services meet provincial/federal environmental standards?

Yes G No G N/A G

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

Emergency Preparedness Plan

<   Was the council's emergency preparedness plan and a coordinator for the plan maintained to deal with the health aspects of major disasters such as fire, floods and epidemics?

Yes G No G N/A G

Stocked Drugs

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

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

Liability Insurance

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

Confidentiality

< Has information of a confidential nature relating to the affairs of the Minister of National Health and Welfare been treated by the council as confidential?   **Yes G No G N/A G**

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

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

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

Information provided here confirmed as correct by:

Name	Signature
Date	Title

TPMS RR CODE: 0154