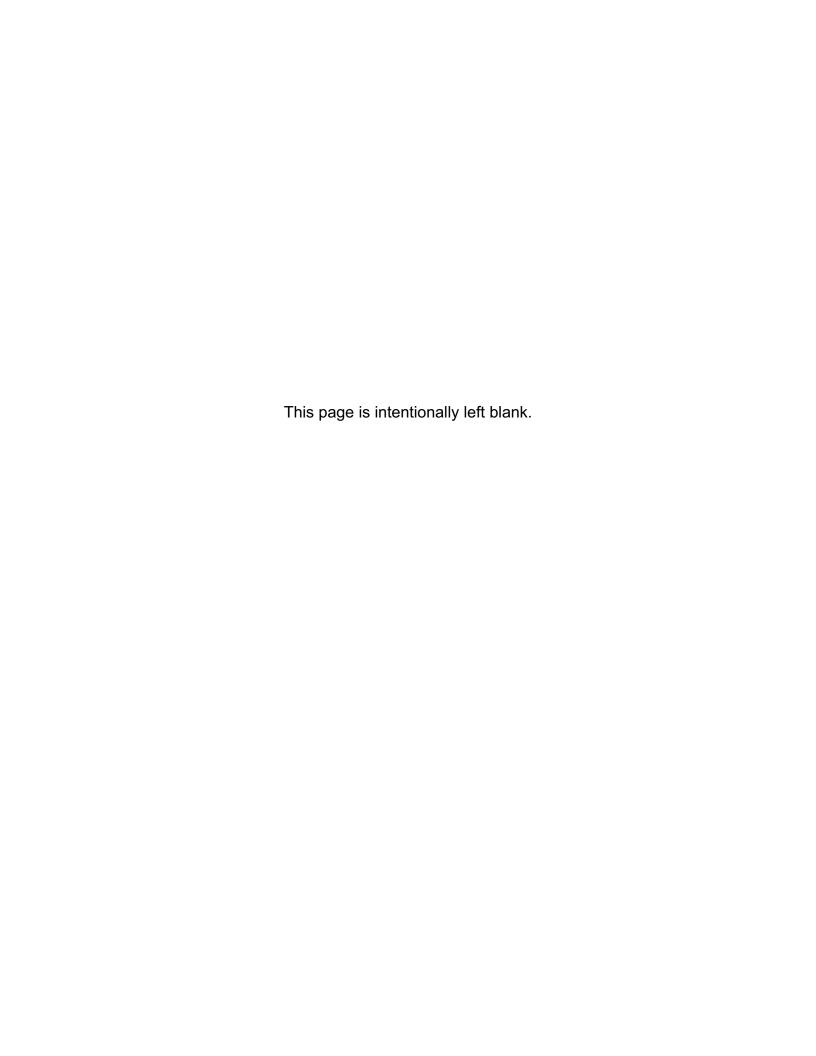


# NATIONAL TEMPLATE FNRG 2006-2007

# TAB J - ANNUAL RETURN MANAGEMENT REPORT

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

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#### Overview

The Management Report under 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; and
- 2) 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.

Should you have any questions on completion of the report, please contact your DIAND regional or district office.

FTA/CFNFA/DFNFA	
<b>Management Report</b>	Ċ

Recipient Name:	
Agreement No:	

#### **Indian Government Services**

#### 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 
  No
- Has the required documentation been submitted to OSFI?

Yes I No I

Has the required fees been submitted to OSFI?

Yes No No

Has the employee-employer share of contributions been remitted to the underwriter toward a private pension plan and has CPP/QPP contributions been remitted to Canada Customs and Revenue Agency?
Yes I No I

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:

information provided here confirmed as correct by.	
Name	Signature
Date	Title





FTA/CFNFA/DFNFA Management Report	Recipient Name:Agreement No:
Indian Registration	
a. Minimum Program Requirements:	
submitted to DIAND, in accordance	Registry Program, has up-to-date information been with the DIAND Indian Registry Reporting Manual, for the
purpose of maintaining the Indian Re	egister? Yes [ No [
If a "no" is answered, please identify on any corrective action being taken.	an attached page, the problem(s) being encountered and
Information provided here confirmed as corr	
Name	Signature
Date	Title





FTA/CFNFA/DFNFA	
Management Repor	t

Recipient Name:	
Agreement No:	

# Elementary/Secondary (E/S) Education

- a. Program Policies of the Council: Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- Policy Changes: Have any significant policy changes been made over the past year?
   Yes I No I
- c. Minimum Program Requirements: Do the policies provide for the following requirements?
  - Registered Indian students that are ordinarily resident on-reserve have access to education.

Yes [ No [

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

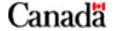
If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

#### d. Other Information:

- A copy of the nominal roll shall be submitted by the council to DIAND (Refer to Tab 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:

information provided here committed as correct by.	
Name	Signature
Date	Title





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Recipient Name:	
Agreement No:	

# **Post-Secondary Education (PSE)**

- a. Program Policies of the Council: Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- **b. Policy changes:** Have any significant policy changes been made over the past year?

  Yes No I lf yes, please identify on an attached page.
- **c. Minimum Program Requirements:** Does the PSE program fully comply with the following requirements?
  - ▶ Defined eligibility criteria.
    Yes □ No □
  - ► Formally available and publicly available benefits schedule. Yes I No I
  - ➤ An established appeals process.
    Yes □ No □

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

**d. Other Information:** 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:

information provided here committed as correct by.	
Name	Signature
Date	Title





FTA/CFNFA/DFNFA	Recipient Name:
Management Report	Agreement No:

# **Social Development**

- a. Program Policies of the Council: Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- Policy Changes: Have any significant policy changes been made over the past year?
   Yes I No I
- **c. Minimum Program Requirements:** Do programs for basic/special needs, individual and family care and adult care fully comply with the following requirements?

An objective needs test.

Yes [] No []

- ► A formally defined and publicly available benefits schedule specifying rates, conditions and criteria for eligibility. Yes ☐ No ☐
- Provisions for the equitable treatment of all reserve residents.

Yes [ No [

Impartial process for the appeal of administrative decisions.

Yes [] No []

Procedures to ensure confidentiality of client information.

Yes I No I

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 New Brunswick, 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:

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Name	Signature
Date	Title





FTA/CFNFA/DFNFA	
Management Report	

Recipient Name:	
Agreement No:	

# **Land Management**

#### a. Minimum Program Requirements:

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

► Have land transactions been managed and administered in accordance with the *Indian Act*, delegation instruments and the DIAND Land Management and Procedures Manual?

Yes [] No []

- ► Has the council operated a lease billing system and kept an accounting record for all leases and permits entered into, rental received, receivable and overdue?

  Yes □ No □
- Was the Minister provided with duplicate originals of all documents executed by the council or its agent, for registration, pursuant to the delegated authority?
  Yes □ No □
- ► Has there been an approval of the form and term of instruments including pre-audit of those with terms over 25 years (where applicable)?

  Yes □ No □
- ► Has the council notified the Minister of rental arrears, outstanding permit fees over 30 days in arrears, any breaches of lease/permits terms and conditions and any other issues?

Yes [] No []

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

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

Yes [] No []

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

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Name	Signature
Date	Title





FTA/CFNFA/DFNFA Management Report	Recipient Name: _ Agreement No: _	
Economic Development		

#### a. Other Information:

 Community Economic Development Report and a Community Economic Development Operational Plan shall be submitted by the council to DIAND (Refer to Tab G: Economic Development).

Information provided here confirmed as correct by:

information provided here committed as correct by.	
Name	Signature
Date	Title

DCI 460764 (2006-2007)
Indian and Northern Affaires Canada du Nord Canada

TPMS RR CODE: 0154



FTA/CFNFA/DFNFA	
<b>Management Repor</b>	t

Recipient Name:	
Agreement No:	

# Operations & 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).
- Policy Changes: Have any significant policy changes been made over the past year?
   Yes I No I
- **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.
     ▶ Performance/level of service standards are identified for all assets.
     ▶ Minimum maintenance activities are planned for all assets.
     Yes □ No □
     Yes □ No □
  - ► All activities are assigned to a responsible person to ensure their completion. Yes □ No □
  - ► A record is kept of all maintenance activities performed. Yes □ No □

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

**d. Additional Information**: Data Reports for Facilities Operations and Maintenance shall be submitted by the council to DIAND (Refer to Tab H: Community Infrastructure).

Information provided here confirmed as correct by:

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Name	Signature
Date	Title

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Agreement No:	

# **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 I No I

If yes, please identify on an attached page.

- **c. Minimum Program Requirement:** Are projects implemented in accordance with the following generally accepted capital management principals?
  - ► All projects have a well-defined and formally approved scope of work, schedule and budget.

Yes 🛮 No 🖺

A qualified project manager is appointed for all projects.

Yes [] No []

Feasibility studies are carried out when deemed necessary by the council.

Yes 🛮 No 🗓

- All new facilities are designed to meet code requirements in accordance with the alternative Funding Agreement (AFA). All designs for projects having a total estimated cost of more than \$50,000, or not normally within the competence of a technician/technologist bear the stamp of a professional engineer or architect.

  Yes I No I
- ► All projects are inspected and certified for compliance with code requirements by qualified inspectors. 

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

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

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 H: Capital).

Information provided here confirmed as correct by:

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Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154





FTA/CFNFA/DFNFA Management Report	Recipient Name: Agreement No:
Fire Protection	

# a. Program Policies of the Council: Please identify the program delivery policies the council has

adopted and is applying (on a separate piece of paper by referencing the name and date of the policy or by providing a brief description).

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

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

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

Information provided here confirmed as correct by:

information provided here committed as correct by.		
	Name	Signature
	Date	Title
	DCI 460764 (2006-2007)	TPMS RR CODE: 0154

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Recipient Name:	
Agreement No:	

# Policing (funded by the Solicitor General of Canada)

- **a. Program Policies of the Council:** Please identify the program delivery policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- Policy Changes: Have any significant policy changes been made over the past year?
   Yes [] No []
   If yes, please identify on an attached page.
- Minimum Program Requirements: Have all constables employed received and maintained certification from the RCMP or appropriate provincial authority (please specify provincial authority
   Yes I No I

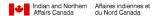
If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.

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

Information provided here confirmed as correct by:

information provided here committed as correct by.	
Name	Signature
Date	Title





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

- a. Program Policies of the Council: Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- b. Policy Changes: Have any significant policy changes been made over the past year?

Yes [] No []

If yes, please identify on an attached page.

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

#### **Community Health Services**

- ► Were the communicable disease control immunization levels maintained according to provincial/federal schedules?

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

Yes [] No [] N/A []

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

## **Treatment Services**

► Do all community members have access to treatment services as specified in the Community Health Plan?

Yes □ No □ N/A □

#### **Environmental Health and Surveillance**

Do environmental health services meet provincial/federal environmental standards?

Yes [] No [] N/A []

► Was the Minister of National Health and Welfare notified within 24 hours of the existence of any identified environmental hazards?

Yes □ No □ N/A □

#### **Emergency Preparedness Plan**

Was the council's emergency preparedness plan and a coordinator for the plan maintained to deal with the health aspects of major disasters such as fire, floods and epidemics?

Yes [] No [] N/A []

#### **Stocked Drugs**

- ► Has the council entered into a contractual arrangement with a pharmaceutical firm for the purchase of its drugs and medical stocks?

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

  Yes □ No □ N/A □

FTA/CFNFA/DFNFA	Recipient Name:
Management Report	Agreement No:

#### **Liability Insurance**

► Has the council maintained an appropriate insurance policy to cover any respective malpractice and professional liability that may result from the council's delivery of health services under this agreement?

Yes □ No □ N/A □

## **Confidentiality**

- ► Has information of a confidential nature relating to the affairs of the Minister of National Health and Welfare been treated by the council as confidential?

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

  Yes I No I N/A I

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:

information provided here confirmed as correct by.	
Name	Signature
Date	Title



