



FIRST NATIONS REPORTING GUIDE 2006-2007

NATIONAL TEMPLATE

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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WHAT'S NEW FOR REPORTING IN 2006-2007

Indian Government Services

- **Indian and Inuit Management Development Program Report – being replaced:** Starting in April 2006, the Indian Management Development (IIMD) and the Gathering Strength-Professional Development (GS-PD) programs will be merged with a consolidated objective. The existing program authorities will remain but the program budgets will be merged. The new program will reduce the reporting burden and allow flexibility for First Nations to fund projects that best respond to local needs, supporting effective governance through governance-related programs and courses, or through regional and national First Nation / Inuit institutions. Reporting requirements for this program will be communicated separately.
- **List of Eligible Employees - matched to Band Employee Benefits Application:** Columns have been added to separate the Canada Pension Plan/Quebec Pension Plan employee/employer contributions from the Private Pension Plan contributions made. The format of data entry has been changed to dollar amounts from percentages to standardize reporting.
- **Pension Plan Funding Annual Report – one question modified:** One of the questions has been split in two to separate the answers as to whether the Annual Information Return was submitted to OSFI (Office of Superintendent of Financial Institutions), and whether the prescribed fees were submitted to OSFI.
- **Tribal Council Funding Annual Report and Band Advisory Services Funding Annual Report – clarification of data elements and minor changes:** The signature block has been moved to the end of the form to comply with forms standards. The section *Tribal Management, Administration and General Development* has been moved from the last page to the second page. Minor changes have been made to the wording of two questions to clarify the requirements, these changes are in italics:
 - How many Full-Time Equivalents (FTE's) (*in total, including all of the Tribal Council activities, whether INAC related or not*) worked for the Tribal Council?
 - What was the total *budget (including all of the Tribal Council activities, whether INAC related or not)* used by this Tribal Council?

Band Governance

- **Electoral Officer's Report / Custom Election Report - removed from funding agreements:** Timely submission of electoral reports, including Statement of Votes, is still required in order to ensure that financial transactions between INAC and newly elected band councils continue in a timely manner. Band elections, however, are funded by Band Support Funding grants which are not subject to the Management Control Framework. Therefore references to them have been removed from funding agreements. These forms are available from your regional office and will be available on INAC's Data Collection Instrument Repository.

Education

- **First Nation Special Education Program Annual Report for Schools, and First Nation Special Education Program Annual Report for First Nation Regional Managing Organizations - title change and significant reduction in the number of questions:** The titles of these two reports have been changed to clarify who is required to submit each report. Also, the format has been redesigned and the questions reduced. Consequently, the FN SEP Annual Report for Schools has been reduced from 43 questions in 11 pages, to 31 questions in 8 pages, and the FN SEP Annual Report for FNRMOs has been reduced from 55 questions in 12 pages to 40 questions in 7 pages. Only questions that are required for program

justification and to report on program performance indicators are listed. The re-design of the forms has been made to make it easier to understand the questions and provide consistent answers. All changes were made in consultation with the Assembly of First Nations Special Education Working Group which includes First Nation educators, Regional Managing Organizations, INAC headquarters and regional office representatives.

- **First Nation and Inuit Youth Employment Strategy (FNIYES) Reports - reports combined:**
 - Evaluation and Activity reports for the Career Promotion and Awareness Program which has two sub-programs (Career Promotion and Awareness Events, and Co-operative Education) have been combined from 4 separate reports into one.
 - Evaluation and Activity reports have also been combined into one single report to be submitted for each of the following programs:
 - the Science and Technology program,
 - the Summer Employment Opportunities program and
 - the Work Experience program.

Social Development

- **National Child Benefit Reinvestment Annual Report - changes made to reduce the number of reports required:** Projects that have more than one objective and activity area will be able to be reported using just one annual report. Recipients are to report on INAC funds spent against each activity and on funding used from other sources. This change has been made to increase consistency and accuracy in the data being submitted, to enable better analysis of dollars spent against the various activity areas funded by the program and to simplify reporting for recipients.
- **Disabilities Initiative Report - title and data element wording change:** Formerly this report was entitled: *National Strategy for Integration of Persons with Disabilities Annual Report*. The change in title brings the report up to date with respect to current program authorities. The data element: *costs* has been changed to *Amount of INAC funds used for this project* to clarify that only INAC funds are to be reported. This clarifies the data requirement where previously some recipients reported all funds spent including those from other sources.

Economic Development

- **Community Economic Opportunities Program (CEOP) Report - data element added:** When a CEOP project is assessed, INAC determines whether the funding recipient should carry out environmental mitigation measures. If so, the recipient is responsible for ensuring that the environmental mitigation measures are implemented. A data element has been added to clarify that information on the implementation of environmental mitigation, if required, should be included in the report. This is not a new reporting requirement; the information has been requested in previous years.
- **Community Economic Development Program Report - data elements deleted and minor edits made:** The requirements to report on Salaries, wages and benefits and Other Overhead (e.g. heat, rent, office supplies) have been eliminated. Minor editing has been done which includes replacing the term "INAC" funding with "CEDP" funding.

Community Infrastructure

- **Schools Annual Report - report removed:** As a result of the Data Collection Review, it was agreed that INAC does not need to receive annual updates on the number and type of classrooms in schools, the main information that was requested in the Schools Annual Report. The report also collected information on the date of the last fire inspection - information that is collected by Human Resources and Skills Development Canada and can be accessed by INAC if necessary. An inventory of all First Nation schools is and will continue to be maintained by INAC's Capital Asset Management System as for all facilities.

- **Certificate of Completion for Capital Projects - minor formatting:** To clarify what is being requested and make the format consistent across all regions, the formatting of bullets has been changed to clarify the requirement for recipients to indicate whether all details of the project are resolved, construction plans are available and any flaws or omissions are attached to the certificate of completion.
- **Housing and Infrastructure Assets Annual Report – definitions modified:** There was room for confusion in the meaning of *piped* and *community well* data elements. A *community well* is defined in the Cost Reference Manual as *all groundwater wells used to supply water to the community at large*. Therefore a *community well system* is also part of a *piped system*. In the Level of Service Standard (LOSS), a *community well* is defined as *a well servicing 5 or more homes in close proximity (cluster housing)*. The intent of the annual report is to determine the number of houses on a public community system versus the number on individual private systems. Therefore, the definition of the *community well* has been changed by removing the words *community well* from the description and replacing them with the definition as found in the LOSS, i.e. *housing units with water service provided by a well servicing 5 or more homes in close proximity (cluster housing)*. The definition of *piped* has been augmented to explain that *this includes both surface water source and groundwater (well) source systems*.
- **Completed ACRS Projects Annual Report - explanation added:** The instructions have been augmented to explain the importance of the report by adding: *As part of the 3 year ACRS inspections, needs are identified to protect the health and safety of the asset users, and prolong the life, or maintain the operation of the assets. This report is to follow up on these important tasks.*

Annual Return - Management Report for Block Funded Programs

The section, Summary of Reports to be submitted, has been removed from the Management Report as this information is already captured in the introduction of the FNRG.

Anticipated Changes to Reporting during 2006-2007

At the First Ministers Meeting on Aboriginal Issues held in Kelowna B.C. on November 24-25, 2005, the Government of Canada announced several commitments to First Nations in the areas of relationships, health, education, housing and economic opportunities. To further solidify federal commitments that will benefit First Nations across Canada, Assembly of First Nations National Chief Phil Fontaine and Minister of Indian and Northern Affairs Canada Andy Scott agreed to a specific First Nations Implementation Plan.

This may have an impact on program funding and could result in changes to data reporting requirements.

There are plans to revise the 2006-2007 Teacher and Curriculum Information Form, which will be developed jointly by the Assembly of First Nations and INAC.

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NATIONAL TEMPLATE FNRG 2006-2007

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PURPOSE OF THE FIRST NATIONS REPORTING GUIDE (FNRG)

– *National Template*

The national version of the FNRG is a generic reference manual for INAC's national program reporting requirements. INAC regional offices will provide region-specific versions of FNRGs 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).

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 on page **Error! Bookmark not defined.**

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 administrators are responsible to their communities and members for their activities in band governance and for administering services and programs. Consistent with self-government, First Nations have assumed greater responsibilities for program development and service delivery. As such, program data are an increasingly important tool supporting the decision-making processes of individual First Nations. In effect, INAC's rationale for program reporting is increasingly becoming a First Nation's rationale.

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 .

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 a 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 **DIAND/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

FIRST NATIONS REPORTING SCHEDULE FOR 2006-2007 FUNDING AGREEMENTS

NOTE: "T" in the FTA/CFNFA/DFNFA column 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
B INDIAN GOVERNMENT SERVICES					
■	■		Tribal Council Program Annual Report	Annually (previous fiscal year)	May 31
			Eligible Unaffiliated Large Band Advisory Services Annual Report		
Band Employee Benefits Program					
■	■*		Application for Band Employee Benefits Funding (*required only upon renewal of FTA/CFNFA/DFNFA funding arrangements)	Annually (previous fiscal year)	May 31
■	■*		List of Eligible Employees (*required only upon renewal of FTA/CFNFA /DFNFA funding arrangements)		
■	■		Pension Plan Funding Annual Report		
C INDIAN REGISTRATION					
■	■		Indian Register Events Reports Summary	Monthly	Contact Region
			Indian Registry Data Entry (Events/Amendments)		
			Certificate of Indian Status Register		
D EDUCATION					
D1 - Elementary/secondary Education					
■	■		Nominal Roll Student Census Report	September 30	October 15
■	■		Annual Teacher and Curriculum Information Form	Annually	November 15
■	■		School Program Evaluation Report	Once every 5 years	Set by Region
■			Provincial/Territorial Educational Services Report	Annually (previous fiscal year)	May 15
■	■T		New Path for Education - Final Project Report (only where applicable)		
■	■T		Parental and Community Engagement Strategy - Final Activity Report		
■	■T		Teacher Recruitment and Retention Final Activity Report		
D2 - Cultural Education Centres Program					
■	■T		Cultural Education Annual Activity Report	Annually (previous fiscal year)	Set by Region
D3 - First Nations and Inuit Youth Employment Strategy					
■	■T		Career Promotion and Awareness Activities/ Co-operative Education Report	Annually (previous fiscal year)	March 31
			First Nations and Inuit Science and Technology Program Report		September 15 (summer programs) March 31 (fall and winter programs)
			First Nations and Inuit Student Summer Employment Opportunities Program Report		September 15
			First Nations and Inuit Student Youth Work Experience Program Report		Mar 31
			Youth Needs Assessment		

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
D D4 - Special Education Program (SEP)					
■	■	T	First Nation Special Education Program Annual Report for Schools	May 1	May 15
■			First Nation Special Education Program Annual Report for First Nation Regional Managing Organizations (FNRMOs)	Census date: May 1 Collection: May 15	June 30
D5 - Post-Secondary Education (PSE)					
■	■		Register of PSE Students	November 1	December 31
■	■		Register of PSE <i>Graduates</i> /Summary Total of PSE Funded <i>Students</i> TF Indian Studies Support Program (ISSP)	Annually (previous fiscal year)	December 31 Set by Region
E SOCIAL DEVELOPMENT					
Income Assistance					
■			Income Assistance Monthly Reports	Monthly	Contact Region
	■		Income Assistance Annual Reports	Annually (previous fiscal year)	May 31
Child and Family Services					
■	■	T	Child and Family Services <i>Maintenance</i> Monthly Report	Monthly	15 days after months end
■			Child and Family Services <i>Operational</i> Report	twice yearly or quarterly	Contact Region
	■		Child and Family Services <i>Operational</i> Report	Annually	Contact Region
■	*		Child and Family Services <i>Quarterly</i> Report (*for First Nations approved under FFOM, see Tab E)	Quarterly	15 days after end of quarter
Assisted Living					
■			Assisted Living Monthly Report	Monthly	15 days after months end
	■		Assisted Living Annual Report	Annually (previous fiscal year)	May 31
Family Violence					
■	■	T	Family Violence <i>Projects</i> Annual Report Family Violence <i>Shelters</i> Annual Report		
National Child Benefit					
■	■		National Child Benefit (NCB) First Nations Annual Report on Reinvestment	Annually (previous fiscal year)	Contact Region
Other					
■	*	■	Day Care Facilities/ Head Start Program Annual Report (*applies to CFA First Nations in New Brunswick, Ontario and Alberta only)	Annually (previous fiscal year)	Contact Region
■	■	T	Disabilities Initiatives Report		
F LANDS					
■	■		Summary Report of Land Management Transactions	Project-by-project annually or twice yearly	Contact Region
			Report on Rentals and Receivables		
G ECONOMIC DEVELOPMENT					
■	■		Community Economic Development Program Report	Annually (previous fiscal year)	Due within 120 days after the end of the fiscal year in which funding was received
■	■	T	Community Economic Opportunities Program Project Status Report		
■	■	*	Community Economic Development Operational Plan (*required on January 15 each year of the term of the funding agreement)	Annually	January 15 for the upcoming fiscal year

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
H COMMUNITY INFRASTRUCTURE					
Operation and Maintenance of Infrastructure and Education Assets and Facilities					
■	■		Fire Losses Annual Report	Annually (previous <i>calendar year</i>)	March 31
			Housing and Infrastructure Assets Annual Report	Annually (previous <i>fiscal year</i>)	
Capital Assets:					
■	■		Changes in Capital Assets Annual Report		
			Completed ACRS Project Annual Report		
Community Capital Facilities Service Delivery (Including Housing)					
■	■		Community-Based Housing Plan Annual Report		
Capital Projects:					
			Progress Report on Capital Projects	Monthly	Set by Funding Agreement
■	■		Certificate of Completion for Capital Projects (Provisional and Final)	Project-by-project	90 days after completion
			Five Year Capital Plan Annual Update	Annually (previous <i>calendar year</i>)	March 31
I OTHER GOVERNMENT DEPARTMENT PROGRAM REPORTING					
		■	Policing (Public Safety and Emergency Preparedness Canada (Solicitor General Canada))	Contact Region	
			Health Services Reporting and Auditing Guidelines (Health Canada)		
J		■	ANNUAL RETURN MANAGEMENT REPORT	Contact Region	

INDIAN GOVERNMENT SUPPORT OVERVIEW

The Indian Government Support program policies have been revised to reflect the renewed program authorities. The policies are available either from your regional office or on the INAC Internet site at http://www.ainc-inac.gc.ca/ps/lts/fng/ppd/index_e.html.

Tribal Council Funding is a Flexible Transfer Payment (FTP) for formally incorporated Tribal Councils to fund advisory services (such as financial management, band government, economic development, community planning and technical services) 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.

Band Advisory Services is a Flexible Transfer Payment (FTP) for 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) that are eligible to receive funding for advisory services (such as financial management, band government, economic development, community planning and technical services)

Band Employee Benefits (BEB) include pension plans and 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 provide support towards 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 employed by an eligible employer for the purpose of delivering services pursuant to an eligible program whose salary is derived from INAC, 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. Bands and tribal councils that apply for BEBP funding must refer to the Band Employee Benefits Program Policy.

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.

Each application for band employee benefits funding must be accompanied by a list of eligible employees for whom INAC will contribute towards the costs of the employer's share of benefits. The list shows:

- the name and occupation of each employee;
- the name of the eligible 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 increases in the number of employees in the workforce). Contact your INAC regional office for more information.

INDIAN REGISTRATION 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.

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 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.

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 describes 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 to review the school curriculum and assess the quality of instruction offered.

CULTURAL EDUCATION PROGRAM 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 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 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

SPECIAL EDUCATION PROGRAM (SEP) 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 . 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. 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 database. 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.

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 Handbook. 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 Handbook. 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 FNRMOs 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 FNRM 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 qualify as FNRM.

FNRM 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 FNRM, 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 FNRM may provide at various stages of development.

Phase 1

- Provision of Indirect Services
- Capacity Building of FNRM;
- 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 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;
- Counsellors;
- Arrangement 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 FNRRMO 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;
- Counsellors;
- 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 (i.e. CFS, Social Assistance and Community awareness programs); and
- Reporting of data as per reporting requirements.

POST-SECONDARY EDUCATION 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 Inuit 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.

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 of these programs will be delivered at a 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 Nations 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 of 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 1998⁰ 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 **Disabilities Initiative** (formerly known as 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 this initiative 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 initiatives for 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 the establishment of a number of day care facilities on-reserve in Alberta and Ontario regions and a Head Start program in the Atlantic region. INAC continues to fund these programs today.

LAND MANAGEMENT AND TRANSFERS OVERVIEW

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:

- a 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.

⁰1. 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.

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.

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.

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 provides financial support in response to 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 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 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 33% of the inventory annually. Asset remediation/recapitalization needs to be identified during inspections to correct deficiencies are also stored in the system.

Capital Management Database (CMDDB) 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 planning, 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.

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 complete 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 (CMDDB). 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.

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:
 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.

LIST OF INAC REGIONAL OFFICES

<p>ALBERTA REGION Indian and Northern Affairs Canada 630 Canada Place, 9700 Jasper Avenue EDMONTON AB T5J 4G2 Tel: (780) 495-2773 Fax: (780) 495-4088</p>	<p>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</p>
<p>BRITISH COLUMBIA REGION Indian and Northern Affairs Canada Suite 600, 1138 Melville Street VANCOUVER BC V6E 4S3 Tel: (604) 775-5100 Fax: (604)775-7400</p>	<p>MANITOBA REGION Indian and Northern Affairs Canada Room 200, 365 Hargrave Street WINNIPEG MB R3B 3A3 Tel: (204) 983-4928 Fax: (204) 983-7820</p>
<p>ONTARIO REGION Indian and Northern Affairs Canada <u>Regional Operations South</u> 25 St. Clair Avenue East, 8th Floor TORONTO ON M4T 1M2 Phone: (416) 973-6234 Fax: (416) 954-6329 <u>Regional Operations North</u> 100 Anemki Drive, Suite 101 THUNDER BAY ON P7J 1A5 Phone: (807) 623-3534 Fax: (807) 623-7021</p>	<p>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</p>
<p>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</p>	<p>NORTHWEST TERRITORIES REGION Indian and Northern Affairs Canada PO Box 1500 YELLOWKNIFE NT X1A 2R3 Tel: (867) 669-2626 Fax: (867) 669-2408</p>
<p>YUKON REGION Indian and Northern Affairs Canada Room 415C, 300 Main Street WHITEHORSE YT Y1A 2B5 Tel: (867) 667-3380 Fax: (867) 667-3387</p>	<p>NUNAVUT Indian and Northern Affairs Canada Qimugjuk Building 969, PO Box 2200 IQALUIT Nunavut X0A 0H0 Tel: (867) 975-4500 Fax: (867) 975-4560</p>

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NATIONAL TEMPLATE FNRG 2006-2007

TAB B - INDIAN GOVERNMENT SERVICES

Tribal Council Program Annual Report.....	2
Eligible Unaffiliated Large Band Advisory Services Annual Report.....	12
Band Employee Benefits Program	
Application for Band Employee Benefits Funding	22
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Pension Plan Funding Annual Report	26

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A. 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 activities, INAC related or not, provided by the Tribal Council;
- ▶ maintaining a central office; and
- ▶ facilitating communication between member communities.

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

For the Fiscal Year being reported:

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

B.5. 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 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 →	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">TC staff</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify): _____</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table>		TC staff	\$ _____		Consultants	\$ _____	Other (specify): _____		\$ _____
	TC staff	\$ _____								
	Consultants	\$ _____								
Other (specify): _____		\$ _____								
How many of the below were developed by the TC, reviewed or updated in consultation with or on behalf of FNs and submitted for funding?	# of									
- asset condition reporting systems (ACRS)										
- capital asset inventory systems (CAIS)										
- maintenance management systems										
- five-year plans for technical services										
- master capital plans										
- emergency response plans										
- tendering and contracting										
- housing policies and programming										
How many technical assessments were provided?										
How many risk assessments were provided?										
How many environmental assessments were provided?										
How many infrastructure assessments were provided?										
How many certifications were obtained in TC-coordinated technical training sessions (e.g. water quality & sewage)?										
How many FNs affiliated with the TC applied for a fire prevention and protection program?										
Other Technical Services Advisory activities?										

C.1. 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?	\$

C.2. 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?	\$

C.3. Program Service Delivery: Provincial Programs or Others

For the Fiscal Year being reported:

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

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

Name	Title
Signature	Date

DCI 472045 (2006-2007)

TPMS RR CODE: 0064

INDIAN GOVERNMENT SERVICES - TRIBAL COUNCIL FUNDING

TRIBAL COUNCIL PROGRAM ANNUAL REPORT

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

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

KEY TERMS

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

Example: 1 FTE equals 250 days/year¹

The employee works on a specific project² 150 days/year

Then the calculation would be $150/250 = .6$ FTE for that project

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

Example: .6 FTE worked on a project

1.0 FTE is paid \$20,000 per year

Then the calculation would be $.6 \times \$20,000 = \$12,000$ was used for this project from the TC staff budget.

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

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

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

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

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

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

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

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

Canada Mortgage and Housing Corporation (CMHC)

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

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

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

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

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

DCI 472045 (2006-2007)

TPMS RR CODE: 0064

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

²As 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
-

**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 FTE's (in total, including all of the TC activities, whether INAC related or not) worked for the TC?	
What was the total budget (including all of the TC activities, whether INAC related or not) used by this TC?	\$

A. 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 activities, INAC related or not, provided by the Tribal Council;
- ▶ 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:	

B.1. 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:

Approximately how many FTEs were used for Band Government Advisory Services?		
What was the Band 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?		# 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 councillors?		
How many certifications were issued at Band-coordinated Band Government training sessions?		
Other Band Government Advisory activities?		
Please describe the results of this advisory services activity:		

B.2. 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:

<u>Approximately</u> how many FTEs were used for Financial Management Advisory Services?										
What was the budget used for these advisory services?	\$ _____									
<u>Approximately</u> what portion of this budget was used for advise, expertise or assistance provided by →	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right;">Band staff</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify) : _____</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table>		Band staff	\$ _____		Consultants	\$ _____	Other (specify) : _____		\$ _____
	Band staff	\$ _____								
	Consultants	\$ _____								
Other (specify) : _____		\$ _____								
How many certifications were issued at Band-coordinated financial management training sessions?										
How many councillors 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 results of this advisory services activity:										

B.3. 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:

<u>Approximately</u> how many FTEs were used for Economic Development Advisory Services?										
What was the budget used for these advisory services?	\$									
<u>Approximately</u> what portion of this budget was used for advise, expertise or assistance provided by →	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right;">Band staff</td> <td style="width: 10%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Consultants</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Other (specify) : _____</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table>		Band staff	\$ _____		Consultants	\$ _____	Other (specify) : _____		\$ _____
	Band staff	\$ _____								
	Consultants	\$ _____								
Other (specify) : _____		\$ _____								
How many of the following were developed by the Band and submitted for funding?	# of									
- business plans										
- economic development projects, plans or strategies										
- business proposals meeting departmental requirements										
How many feasibility assessments and/or market research activities were conducted?										
How many certifications were issued at Band-coordinated economic development training sessions?										
Other Economic Development Advisory activities?										
Please describe the results of this advisory services' activity:										

B.4. 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:

<u>Approximately</u> how many FTEs were used for Community Planning 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 →	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 results of this advisory services activity:		

B.5. 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:

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

B.6. 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 results of this advisory services' activity: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

C.1. 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?	\$

C.2. 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?	\$

C.3. 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?	\$

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

Name	Title
Signature	Date

DCI 471986 (2006-2007)

TPMS RR CODE: 0061

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 fulfil band responsibilities. Band employee benefits and overhead should be included in these figures.

KEY TERMS

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

Example: 1 FTE equals 250 days/year¹

The employee works on a specific project² 150 days/year

Then the calculation would be $150/250 = .6$ FTE for that project

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

Example: .6 FTE worked on a project

1.0 FTE is paid \$20,000 per year

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

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

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

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

Advisory Services: As identified in the INAC Band Advisory Funding Program Procedures and Directive, including band government, financial, management, economic development, community planning, and technical services.

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

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

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

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

Canada Mortgage and Housing Corporation (CMHC)

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

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

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

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

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

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

²As 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

BAND EMPLOYEE BENEFITS FUNDING APPLICATION

- See page 2 for definitions and instructions
- If additional space is required, attach a separate page

Employer			Multi-Employer Plan		
Region	Fiscal Year	Recipient No.	Underwriter or Administrator		
PBSA No.	CRA Registration No.	Funding <input type="radio"/> New <input type="radio"/> Ongoing	OSFI Plan No. (To be filled in by Regional Office and verified by Employer)		

Employee/Employer Data			Employer Contributions			Employee Contributions			INAC Use
Program	PY	Salary	Pension	CPP/QPP	Total	Pensions	CPP/QPP	Total	
Band Support									INAC use only
Community Infrastructure									INAC use only
L. T. S.									INAC use only
Education									INAC use only
Social Dev.									INAC use only
Economic Dev.									INAC use only
INAC Total									INAC use only
Others									INAC use only
Total of all Benefits	Employee Contributions	Employer Contributions						Total employer contributions (A+B+C+D)	
		Private plan A	CPP/QPP B	Other Benefits C	Admin. Costs D				
INAC									
% of salaries									

Comments

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

Name	Title	Signature	Date

INAC USE ONLY	
Current year forecast	\$
Adjust. from previous year's funding	\$
Current year contribution	\$

BAND EMPLOYEE BENEFITS FUNDING APPLICATION DEFINITIONS AND INSTRUCTIONS

Due Date:

For First Nations funded under a Comprehensive Funding Arrangement, 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 CFNFA/DFNFA funding agreements.

- **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.

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 <i>Income Tax Act</i> .
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.

LIST OF ELIGIBLE EMPLOYEES

INAC's Band Employee Benefits Program Policy can be viewed at: http://www.ainc-inac.gc.ca/ps/lts/fng/ppd/bebp/index_e.html or provided by your regional office.

DUE DATE:

For First Nations funded under a Comprehensive Funding Agreement, the List of Eligible Employees is 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 is 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.
- Total Dollar Contribution: Show the amounts contributed by employees and the employer towards the pension plan, CPP/QPP and group insurance. In most cases, this will be the same amount for both employees and employers.
- Signature: Sign and date the form when complete.

This form should be submitted with the Application for Band Employee Benefits Funding form.

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.

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 \$	The amount contributed by the employee and employer that was directed towards the pension plan.
CPP/QPP Employee \$, Employer \$	The amount contributed by the employee and employer that was directed towards CPP/QPP contributions.
Group Insurance Employee \$, Employer \$	The amount contributed by the employee and employer that was directed towards group insurance.

**PENSION PLAN FUNDING
ANNUAL REPORT****For the Year 20**

First Nation Name	First Nation Number
<p>1. What is the total payroll for eligible employees? \$ _____</p> <p>2. What is the Total Contribution by Eligible Employees paid into the plan for the Canada/Quebec Pension Plan (C/QPP) and Private Pension Plan? \$ _____</p> <p>3. What is the Total Contribution by Eligible Employers paid into the plan for C/QPP and Private Pension Plans for Eligible Employees: \$ _____</p> <p>4. What is the Total Contribution for other eligible employee benefits paid into the pension plan: \$ _____</p> <p>5. What is the Total <u>number</u> of INAC funded employees covered by plan: _____</p> <p>6. Was the Annual Information Return submitted to the Office of Superintendent of Financial Institutions (OSFI) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date of submission to OSFI (if applicable) _____ MM/DD/YYYY</p> <p>7. Were the prescribed fees submitted to the Office of Superintendent of Financial Institutions (OSFI) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date of submission to OSFI (if applicable) _____ MM/DD/YYYY</p>	
Information provided here confirmed as correct by:	
Name	Title
Signature	Date

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.



NATIONAL TEMPLATE FNRG 2006-2007

TAB C - INDIAN REGISTRATION

Indian Register Events Reports Summary	2
Indian Registry Data Entry (Events/Amendments)	4
Certificate of Indian Status Register	8

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Group Code Code du groupe		

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

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

Signature of Indian Registry Administrator - Signature du l'administrateur du Registre des Indiens	Date Y/A M/M DD-JJ								
	<table style="margin: auto;"> <tr> <td style="width: 10px; height: 10px; border: 1px solid black;"></td> <td style="width: 10px; height: 10px; border: 1px solid black;"></td> <td style="width: 10px; height: 10px; border: 1px solid black;"></td> <td style="width: 10px; height: 10px; border: 1px solid black;"></td> <td style="width: 10px; height: 10px; border: 1px solid black;"></td> <td style="width: 10px; height: 10px; border: 1px solid black;"></td> <td style="width: 10px; height: 10px; border: 1px solid black;"></td> <td style="width: 10px; height: 10px; border: 1px solid black;"></td> </tr> </table>								

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 REGISTRATION DATA ENTRY – EVENTS

Initiated by		Entered in IRS by			Data Entry Verification – For INAC use only	
Admin. Code	Initials	Admin. Code	Initials	Date entered (YYYY/MM/DD)	Verified by	Date verified (YYYY/MM/DD)

EVENT TYPE (Please check the applicable sections)

<input type="radio"/> Birth	<input type="radio"/> New registration No.	<input type="radio"/> Marriage
<input type="radio"/> Divorce	<input type="radio"/> Death	<input type="radio"/> Band transfer

BIRTH – Complete section 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)	<input type="radio"/> Affiliate with Father <input type="radio"/> Affiliate with Mother	Registration no. (after Data Entry)
Family name (Leave blank if there is no given name e.g. Indian name only)		Gender <input type="radio"/> Male <input type="radio"/> Female
Given name(s)		
Province of residence	Residence code	Category (after Data Entry)

B – Primary Parent

Registration no.	Family name	
Given name(s)		Date of birth (YYYYMMDD)
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

**INDIAN REGISTRATION DATA ENTRY – EVENTS**

D – Registered Individual affected by this event

Registration no.	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (YYYY/MM/DD)
Family name		
Given name(s)		

E – Spouse (Please check applicable) Registered Non Registered

Registration no.	Family name	Birth name
Given name(s)	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of birth (YYYY/MM/DD)

F – New Registration No.

New registration no.	Reason:
----------------------	---------

G – Record a Marriage (Complete section E)

Date of marriage (YYYY/MM/DD)	<input type="radio"/> Takes spouse's name <input type="radio"/> Retains birth name <input type="radio"/> Combines both names
New family name	

H – Record a Divorce (Complete section E)

Date of divorce (YYYY/MM/DD)	<input type="radio"/> Returns to birth name Birth name	<input type="radio"/> 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)	<input type="radio"/> Death of registered individual	<input type="radio"/> 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 INAC use only – Comments

Comments:

**INDIAN REGISTER DATA ENTRY – AMENDMENTS**

Initiated by		Entered in IRS by			Data Entry Verification – For INAC 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)

<input type="radio"/> Register Information	<input type="radio"/> Father Information	<input type="radio"/> Mother Information	<input type="radio"/> Spouse Information	<input type="radio"/> 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 <input type="radio"/> Male <input type="radio"/> Female		Category	
Birth name		Alias			
Province of residence	Residence code	Reserve no.	Date of death (YYYY/MM/DD)	Acquired status by marriage <input type="radio"/> Yes <input type="radio"/> No	

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

Registration no.	Family name	Birth name	
Given name(s)		Gender <input type="radio"/> Male <input type="radio"/> 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 <input type="radio"/> Male <input type="radio"/> Female	
Date of Birth (YYYY/MM/DD)			

E – Amend Spouse Information Current Historical

Registration no.	Gender <input type="radio"/> Male <input type="radio"/> 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)	<input type="checkbox"/> Delete marriage	

F – Amend Event (IRAs with data entry)

	From Registration No. (New)	To Registration No. (Original)
<input type="checkbox"/> Reverse a band transfer		
<input type="checkbox"/> Reverse new registration no.		
<input type="checkbox"/> Correct child's band affiliation	New band code	New registration no.

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*.

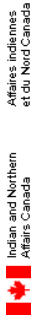
The Indian Registry Administrator (IRA) is required to provide information on Indian registration, the Maintenance of information for band lists and the Certificate of Indian Status on a monthly basis at least, to assist INAC in maintaining the accuracy of the Indian Registry **where First Nations have 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.

CERTIFICATE OF INDIAN STATUS REGISTER REGISTRE DES CERTIFICATS DE STATUT D'INDIEN

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

DCI 456539 (2006-2007)

TPMS RR CODE: 0012



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.**

OVERVIEW

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.



NATIONAL TEMPLATE FNRG 2006-2007

TAB D - EDUCATION

Elementary/secondary Education

Nominal Roll Student Census Report.....	2
Annual Teacher and Curriculum Information Form	6
School Program Evaluation Report.....	8
Provincial/Territorial Educational Services Report	9
New Path for Education - Final Project Report (only where applicable).....	10
Parental and Community Engagement Strategy - Final Activity Report	12
Teacher Recruitment and Retention Final Activity Report.....	14

Cultural Education Centres Program

Cultural Education Annual Activity Report.....	16
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First Nations and Inuit Youth Employment Strategy

Career Promotion and Awareness Activities/ Co-operative Education Report	17
First Nations and Inuit Science and Technology Program Report.....	21
First Nations and Inuit Student Summer Employment Opportunities Program Report ..	26
First Nations and Inuit Student Youth Work Experience Program Report	32
Youth Needs Assessment (for Work Experience Program)	38

Special Education Program (SEP)

First Nation Special Education Program Annual Report for Schools.....	40
First Nation Special Education Program Annual Report for First Nation Regional Managing Organizations (FNRMOs).....	48

Post-Secondary Education (PSE)

Register of PSE Students	55
Register of PSE Graduates/Summary Total of PSE Funded Students	58
Indian Studies Support Program (ISSP).....	60

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NOMINAL ROLL STUDENT CENSUS

Page of	No. of students
---------	-----------------

School Name	Phone No.	FAX No.
School Address		Postal Code

School Identifier →

School Board	School Number	School Type → Federal <input type="checkbox"/> (check one) Provincial <input type="checkbox"/> Private <input type="checkbox"/> Band-Operated <input type="checkbox"/>
--------------	---------------	---

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

6 Status Code 1 – Student is registered under the <i>Indian Act</i> . (List IRS number in column 1) 7 – Student is eligible to be registered, but not yet registered. 2 – Student is not eligible to be registered under the <i>Indian Act</i> and is not Inuit. For students identified as Status Code 2, please also complete the table on back.	4 – Student is Inuit	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	Certified by:	Date	Inputted by:	Date
	YY MM DD		YY MM DD		YY MM DD

National Template FNRG 2006-2007

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						Additional Information for Status Code (2) Students with C, D or E marked
				Y	Y	M	M	D	D	
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E										

A Aboriginal ancestry **B** Living on reserve as a non-eligible child of a *Bill-C31* 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:

- | | | | |
|--|--|--|--|
| <p>8 Grade: K4 Junior Kindergarten
K5 Kindergarten
SS Special Education
01-12 All others</p> <p>10 Residence: Parent(s) or guardian(s) residence:
1 On –reserve
2 On Crown land
3 Other (no local taxes)
4 Off-reserve</p> <p>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</p> | <p>6 Room and board (5 days)
7 Trap line (2 months)</p> <p>12 District of Financial Responsibility: District which is funding the student's education</p> <p>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</p> <p>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 (5 days)
5 No service provided</p> | <p>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 Innuksituk
9 Innuksituk & French
10 Innuksituk & English
11 Innuksituk, French & English</p> <p>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</p> | <p>8 Innuksituk
9 Innuksituk & French
10 Innuksituk & English
11 Innuksituk, French & English</p> <p>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</p> <p>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%</p> |
|--|--|--|--|

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	Destination of school leavers
1 Graduated 3 Transferred to another school 4 Withdrew 5 Moved off reserve 7 Deceased	1 Still in school 2 Occupational skill 5 Post-secondary education 0 Employed 7 Unemployed 9 Whereabouts unknown/Deceased

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. <i>Source: School Register</i>
School Address	<i>Source: School Register</i>
School Type	One of four categories: band operated, federally operated, provincially or privately operated. <i>Source: Region</i>
School Number	<i>Source: Region and School Register</i>
School Board Number	<i>Source: Region</i>
School Board Name	<i>Source: School Register</i>
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. <i>Source: Student's Status Card and School Register</i>
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. <i>Source: Student's Status Card and School Register</i>
Date of Birth	<i>Source: Student's Status Card or School Register</i>
Gender	This information is required for identification and comparison purposes. <i>Source: School Register</i>
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. <i>Source: Student's Status Card and School Register</i>
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. <i>Source: School Register</i>
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. <i>Source: First Nation Residency Records</i>
Accommodation	The type of accommodation provided to eligible students (i.e., room and board, private placement, etc.). <i>Source: Application for Accommodation Assistance</i>
District of Financial Responsibility	Region or district that is funding the student's education. <i>Source: Region</i>
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. <i>Source: School Register or Bus List</i>

Data Element	Description
Special Education	Services delivered to students with severe learning disabilities, emotional or physical conditions that require highly specialized and costly instructions and program material. <i>Source: Medical Certificate/Assessment</i>
Language(s)	Language(s) spoken on entry and language(s) of instruction, including Indian, English, French, Innuksituk 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. <i>Source: School Register</i>
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. <i>Source: First Nation Residency Records</i>
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. <i>Source: First Nation Residency Records.</i>
Leaver	<p>The REASON and DESTINATION of a student who no longer attends the school.</p> <p>REASON:</p> <p>1 - Graduated - student who has obtained the credits required by the province for secondary school certification.</p> <p>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.</p> <p>4- Withdrew - student who lives on reserve and is no longer attending school.</p> <p>5 - Moved Off-reserve - student who has moved off-reserve and is no longer eligible for INAC funding.</p> <p>7 - Deceased</p> <p>DESTINATION:</p> <p>0 - Employed</p> <p>1 - Still in School</p> <p>2 - Occupational Skills</p> <p>5 - Post-Secondary Education</p> <p>7 - Unemployed</p> <p>9 - Whereabouts unknown/deceased</p> <p>This information is required to monitor the effectiveness of elementary/secondary funding as well as for comparability to the Canadian population.</p> <p><i>Source: School Register/Transfer Slip</i></p>

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 counsellors, 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

*Education staff includes teachers, principals, vice-principals and professional non-teaching staff such as education consultants, guidance counsellors, 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.

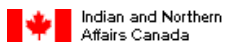
PART 2 - EDUCATION STAFF INFORMATION*

Last name		First name		School name:
<p>Check the occupation(s) in which you are currently employed. All education staff are to complete the entire form.</p> <input type="checkbox"/> teacher <input type="checkbox"/> principal <input type="checkbox"/> vice principal <input type="checkbox"/> librarian <input type="checkbox"/> teacher aide/classroom assistant <input type="checkbox"/> special education teacher <input type="checkbox"/> special education teacher aide/classroom assistant <input type="checkbox"/> guidance counsellor <input type="checkbox"/> language/ cultural instructor <input type="checkbox"/> Other (specify) _____				
1. Are you employed full-time or part-time? <input type="checkbox"/> full-time <input type="checkbox"/> part-time				
2. What gender are you? <input type="checkbox"/> female <input type="checkbox"/> male				
3. Do you identify as an Aboriginal person? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> Bachelor of (specify) _____ <input type="checkbox"/> Masters of (specify) _____ <input type="checkbox"/> PhD of (specify) _____ <input type="checkbox"/> Diploma (specify) _____ <input type="checkbox"/> Special Education credentials (specify) _____ <input type="checkbox"/> Other (specify) _____				
7. Which salary grid was used to determine your salary? <input type="checkbox"/> First Nation salary grid <input type="checkbox"/> Federal collective agreement <input type="checkbox"/> Provincial collective agreement <input type="checkbox"/> 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 grades(s).				
9. In the past year, have you engaged in professional development training that was paid for by your employer? <input type="checkbox"/> yes <input type="checkbox"/> no				
10. Is provincial certification necessary for your position? <input type="checkbox"/> Yes → Go to next question. <input type="checkbox"/> No → Form completed, please sign at the bottom.				
11. Are you provincially certified for your position? <input type="checkbox"/> Yes → List certificate # _____ <input type="checkbox"/> No				
12. Are you certified for the province in which you have your teaching assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Does your employer have a copy of your provincial certification on file? <input type="checkbox"/> Yes → Form completed, please sign at the bottom. <input type="checkbox"/> 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:

DCI 471943 (2006-2007)

TPMS RR CODE: 0028

*Education staff generally includes teachers, principals, vice-principals and professional non-teaching staff such as education consultants, guidance counsellors, 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.



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SCHOOL PROGRAM EVALUATION REPORT

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

INSTRUCTIONS

- ▶ Review of curriculum.
- ▶ Assessment of instructional quality and standards.
- ▶ Review to determine if community and school objectives have been achieved.

SCHOOL EVALUATION REPORT
Contact INAC regional office.



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PROVINCIAL-TERRITORIAL EDUCATIONAL SERVICES REPORT

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

INSTRUCTIONS

- ▶ Copies of school board invoices for provincial or territorial educational services to First Nations students.
- ▶ A list of students attending provincial or territorial schools.

PROVINCIAL-TERRITORIAL EDUCATIONAL SERVICES REPORT
Contact INAC regional office.

FINAL PROJECT REPORT (NEW PATH FOR EDUCATION)

page 1 of 2

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
<input type="checkbox"/> Students in kindergarten	
<input type="checkbox"/> Students in Grade 1 to 6	
<input type="checkbox"/> Students in Grade 7 to 10	
<input type="checkbox"/> Students in Secondary 1 to 3 in Québec	
<input type="checkbox"/> Students in Grade 11 and 12	
<input type="checkbox"/> Students in Secondary 4 to 5 in Québec	
<input type="checkbox"/> Teaching Staff	
<input type="checkbox"/> Professional Staff	
<input type="checkbox"/> Management Staff	
<input type="checkbox"/> Parents	
<input type="checkbox"/> Community at large	
<input type="checkbox"/> 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

PARENTAL AND COMMUNITY ENGAGEMENT STRATEGY FINAL ACTIVITY REPORT

page 1 of 2

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: <div style="text-align: center; font-size: small;">INAC use only</div>
Contact Person:	Title/Position:
Mailing Address:	Phone Number: Fax Number: E-Mail:

Final Project Report	
<p>Objectives</p> <p>Please (√) applicable objective(s)/project target(s)</p> <p><input type="checkbox"/> Support parents and caregivers in the role as their child's first and most influential teacher</p> <p><input type="checkbox"/> Support community involvement in education</p> <p><input type="checkbox"/> Encourage a home environment that supports children to succeed in school</p> <p><input type="checkbox"/> Facilitate family literacy, native language and culture</p> <p><input type="checkbox"/> Establish home/ school partnerships</p> <p><input type="checkbox"/> Prepare youth for academic and social success in school</p>	
Please (√) applicable activities	Please list outcomes of activities undertaken
<input type="checkbox"/> Parent/ community meetings to provide opportunities for home/ school partnerships, information sharing, raising awareness, and learning and applying parenting skills; <input type="checkbox"/> 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; <input type="checkbox"/> Support for activities that promote the integration of traditional knowledge in the school and home learning environment; <input type="checkbox"/> Activities to highlight the importance of screening for detection of any special education needs a child may have; and, <input type="checkbox"/> Activities to reinforce the importance of regular check-ups such as hearing, vision, dental, nutrition, immunizations and hospitalizations. <input type="checkbox"/> Other (specify) _____ _____ _____	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>

In addition to parents/caregivers, please (√) all target clientele that this project reached:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Students | <input type="checkbox"/> Teaching Staff | <input type="checkbox"/> Para-professionals |
| <input type="checkbox"/> Elders | <input type="checkbox"/> Community at large | |

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

Actual Start Date: **YYYY/MM/DD**

Actual Completion Date: **YYYY/MM/DD**

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

TEACHER RECRUITMENT AND RETENTION FINAL ACTIVITY REPORT

page 1 of 2

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		
<p>Objectives Please (√) applicable objective(s)/project target(s)</p> <p><input type="checkbox"/> Provide educators and para-professionals in band-operated schools with access to professional development training</p> <p><input type="checkbox"/> Reward teacher/school excellence</p> <p><input type="checkbox"/> Promote education as a career</p>		
Please (√) applicable activity	Please (√) outcomes of activity	Number of Individuals who benefited from the activity
<input type="checkbox"/> Training, including accredited on-line training, at an accredited post-secondary institution	<input type="checkbox"/> course assists a non-certified individual in becoming certified <input type="checkbox"/> course assists a teacher in maintaining current certification level <input type="checkbox"/> course assists a certified teacher to enhance certification level	# _____ # _____ # _____
<input type="checkbox"/> 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	<input type="checkbox"/> course assists a non-certified individual in becoming certified <input type="checkbox"/> course assists a teacher in maintaining current certification level <input type="checkbox"/> course assists a certified teacher to enhance certification level	# _____ # _____ # _____
<input type="checkbox"/> Group workshops, training programs and/or non-accredited courses delivered by an aboriginal-controlled institution, which is affiliated with a recognized institution	<input type="checkbox"/> course assists a non-certified individual in becoming certified <input type="checkbox"/> course assists a teacher in maintaining current certification level <input type="checkbox"/> course assists a certified teacher to enhance certification level	# _____ # _____ # _____
<input type="checkbox"/> Networking opportunities, including internet-based communications, distance education opportunities and mentoring programs for first year teachers	<input type="checkbox"/> course assists a non-certified individual in becoming certified <input type="checkbox"/> course assists a teacher in maintaining certification level <input type="checkbox"/> course assists a certified teacher to enhance certification level <input type="checkbox"/> reduced staff turnover <input type="checkbox"/> retention rate increase	# _____ # _____ # _____ # _____ # _____

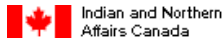
Please (√) applicable activity	Please (√) outcomes of activity	Number of Individuals who benefited from the activity
<input type="checkbox"/> Recruitment workshop to promote education as a career	<input type="checkbox"/> number of individuals attending workshop(s)	# _____
<input type="checkbox"/> Awards, if applicable	<input type="checkbox"/> awarded by INAC <input type="checkbox"/> awarded by FNREO	N/A
<input type="checkbox"/> Other (specify): _____ _____ _____		

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

If applicable, please (√) actual project partners:

- | | | |
|---|--|---|
| <input type="checkbox"/> Neighbouring communities | <input type="checkbox"/> FNREOs | <input type="checkbox"/> First Nation Education Authority |
| <input type="checkbox"/> Tribal Councils | <input type="checkbox"/> School Boards | <input type="checkbox"/> Ministries of Education |
| <input type="checkbox"/> Other (specify) | | |

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



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CULTURAL EDUCATION PROGRAM ANNUAL ACTIVITY REPORT

Contact your INAC regional office for requirements and form.

DUE DATE: To be completed by each group receiving funds and sent to their INAC regional office no later than June 30.

INSTRUCTIONS:

First Nations who have received funds under this program must provide an annual activity report. Each report must include the following:

- ▶ the name and address of the organization which received funding.
- ▶ the name and phone number of a contact person at each organization
- ▶ provide a short description of the project objective.
- ▶ describe project results

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

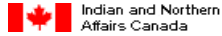
DCI 462995 (2006-2007)

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.

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**First Nations and Inuit Youth Employment Program
Career Promotion and Awareness Program
PART 1: Final Activity Report
DUE: MARCH 31**

Fiscal Year 20____ - 20____

 Name of First Nation or Inuit Community/ Organization

1. Total number of youth	
2. Total number of female youth	
3. Total number of male youth	
4. Total number of youth with disabilities	
Career Promotion and Awareness Component Only:	
5. Total number of activities/ events	
Co-operative Education Component Only:	
6. Total number of students in elementary school	
7. Total number of students in secondary school	
8. Number of co-operative education work placements	
9. Total number of students who completed the program	
Financial Information:	
10. Total amount spent	
11. Total revenue from INAC	
12. Revenue from other sources (if applicable)	
13. Total amount spent to support access for disabled youth (maximum \$3,000 per youth)	
The information provided is accurate to the best of my knowledge.	
Prepared By:	Title:
Signature:	Date:

DCI 471981 (2006-2007)

TPMS RR CODE: 0181

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**Career Promotion and Awareness Program
PART 2: Evaluation Report
DUE: March 31**

Fiscal Year 20____ - 20____

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

Please provide the following:

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

Please provide comments/ stories from at least two participants outlining the benefits of participating in the program.

Co-operative Education Component Only:

- A list of the names of the students who participated in this program.

Co-operative Education Component Only

- Identify employability skills which were developed / enhanced

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

Prepared by:	Title:
Signature:	Date:

DCI 471981 (2006-2007)

TPMS RR CODE: 0181

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

ALL FNIYES FORMS

DUE DATE: All 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.

PART 1: FINAL ACTIVITY REPORT

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.

PART 2: EVALUATION REPORT

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.

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 of 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.
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.

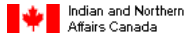
First Nations and Inuit Youth Employment Program Science and Technology Program Final Activity Report

DUE: SEPTEMBER 15 (summer programs) MARCH 31 (fall and winter programs)

Fiscal Year 20__ - 20__

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

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):	



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Science and Technology Program Evaluation Report

**DUE: SEPTEMBER 15 (summer programs)
MARCH 31 (fall and winter programs)**

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?

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

FINAL ACTIVITY REPORT

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

INSTRUCTIONS

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

EVALUATION REPORT

DUE DATE: All Evaluation Reports are due annually on March 31, except First Nations and Inuit Student Summer Employment Opportunities Program, which is due annually on September 15, and the First Nations and Inuit Science and Technology Program, which is due September 15 for summer programs and March 31 for fall and winter programs.

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.

DATA ELEMENT DEFINITIONS

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

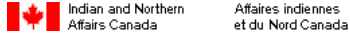
Data Element	Explanation
Evaluation Report - all programs	
First Nation or Inuit Community / Organization or First Nation School: name, address, contact person	The name and contact information of the First Nation or Inuit community, organization or First Nation school receiving funding, and a contact 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.
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 - 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.

First Nations and Inuit Youth Employment Program Student Summer Employment Opportunities Program Final Activity Report DUE: SEPTEMBER 15

Fiscal Year 20__ - 20__

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

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):	



Canada

Student Summer Employment Opportunities Program Evaluation Report DUE: SEPTEMBER 15

Fiscal Year 20__ - 20__

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?

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

FINAL ACTIVITY REPORT

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

INSTRUCTIONS

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

EVALUATION REPORT

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

INSTRUCTIONS

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

DATA ELEMENT DEFINITIONS

The following tables describe the data to be collected for the Student Summer Employment Opportunities Program. 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.
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 - 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.

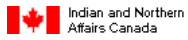
Data Element	Explanation
Number of Jobs Provided	The total number of jobs provided to students who participated in the activity.
Number of Weeks Worked	The total number of weeks worked multiplied by the number of students who participated in the activity (placements must provide a minimum of 80 hours of work).
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.
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.

**First Nation and Inuit Youth Employment Program
Youth Work Experience Program
PART 1: Final Activity Report
DUE: MARCH 31**

Fiscal Year 20____ - 20____

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

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):	



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Youth Work Experience Program PART 2: Evaluation Report DUE: MARCH 31

Fiscal Year 20__ - 20__

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?

DCI 434353 (2006-2007)

FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY

ALL FNIYES FORMS

DUE DATE: All 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.

PART 1: FINAL ACTIVITY REPORT

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.

PART 2: EVALUATION REPORT

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.

DATA ELEMENT DEFINITIONS

The following tables describe the data to be collected for each of the FNIYES Youth Work Experience Program. 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.
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 - 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.

Data Element	Explanation
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.

First Nations and Inuit Youth Employment Program 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. Male Female
4. Age _____
5. Does the participant have a disability? Yes No
If Yes, please state nature of disability _____
6. What was the highest grade level of education completed?
 - Less than Secondary
 - Some Secondary
 - Secondary Graduation
 - Some Post-Secondary
 - Post Secondary Graduation
 - Other? _____
7. What year was the highest level of education completed (yyyy)?
8. Employment Status at Start of Program
 - Employed: type of employment? _____
 - Unemployed
 - Student attending school
9. If unemployed:
 - Plan on returning to school? Yes No
 - Actively searching for employment? Yes No

COORDINATOR to complete upon intake/selection**B ACTION PLAN**

10. Does the youth meet the all of the basic eligibility criteria for the Youth Work Experience Program?

Between 15 and 30 years of age (inclusive) Yes No
 No longer in School / Unemployed / Underemployed Yes No

11. Anticipated Program Start Date (DD/MM/YYYY): _____

12. Anticipated Finish Date (DD/MM/YYYY): _____

COORDINATOR to complete upon completion / termination of the program**C YOUTH OUTCOMES**

13. Program Start Date (DD/MM/YYYY): _____

14. Did the youth complete the program? Yes No

15. If **no**, please complete the below:

Date of Termination (DD/MM/YYYY): _____

Reason(s): Did not follow through
 Found a job
 Moved
 No longer searching for employment
 Returned to school
 Other? _____

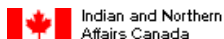
16. If **yes**, please complete the below:

Date of Completion (DD/MM/YYYY): _____

Participant is now: Searching for Employment
 Making Career Decisions
 Skills Enhancement
 Found a Job
 Returned to School
 Not Employed
 Other? _____

The information provided is accurate to the best of my knowledge

Name:	Title:
Signature:	Date:



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First Nation Special Education Program Annual Report for Schools

Identification Information

Education Authority Name	Education Authority Number <small>INAC Use Only</small>	School Year Being Reported: September _____ - June _____	
School Name	School Number	Principal Name	
School Address		Telephone	FAX
		email	

Part A: Student Identification

		# Students
HIGH COST SPECIAL EDUCATION (HCSE) NEEDS STUDENTS	1a. How many eligible HCSE students in the school are RECEIVING Special Education Services from SEP funds?	
	1b. How many eligible HCSE students in the school receiving Special Education Services from SEP funds HAVE AN IEP?	
	2a. How many eligible HCSE students in the school are NOT RECEIVING Special Education Services from SEP funds?	
	2b. How many eligible HCSE students not RECEIVING Special Education Services HAVE an IEP?	
	3. How many students in the school have been IDENTIFIED THROUGH FORMAL ASSESSMENT as having HCSE needs?	
	4. How many students in the school have been IDENTIFIED THROUGH INFORMAL ASSESSMENT as having HCSE needs?	

		# Re- assessments	# New Cases
STUDENT REFERRALS AND ASSESSMENTS	5. How many students were REFERRED for a formal assessment within the school year?		
	6. How many students were FORMALLY ASSESSED within the school year?		
	7. How many FORMALLY ASSESSED students were IDENTIFIED during the school year as having high cost special education needs?		
	8. How many students were INFORMALLY IDENTIFIED during the school year as having high cost special education needs?	n/a	

		# Students
STUDENT INDIVIDUAL	9. How many students are MEETING OR EXCEEDING the learning objectives of their IEP?	

EDUCATION PLANS (IEPs)	10. How often are IEPs reviewed? <input type="checkbox"/> Annually <input type="checkbox"/> Twice a year <input type="checkbox"/> Three or more times per year
------------------------	---

Part B: School Staff

	# FTEs
FULL-TIME EQUIVALENT (FTE) TEACHING STAFF WORKING WITH HIGH COST SPECIAL EDUCATION NEEDS STUDENTS	11. Full time equivalent (FTE) Teaching staff that are PROVINCIALY CERTIFIED TEACHERS but not qualified special education teachers
	12. FTE Teaching staff that are QUALIFIED SPECIAL EDUCATION TEACHERS
	13. FTE Teaching staff that are CERTIFIED para-professionals, teacher assistants or inclusion facilitators
	14. FTE Teaching staff that are UNCERTIFIED para-professionals, teacher assistants or inclusion facilitators

	# Staff
PROFESSIONAL DEVELOPMENT	15. Teaching staff involved in at least one SPECIAL EDUCATION professional development activity during the year

16. Indicate the types of SPECIAL EDUCATION PROFESSIONAL DEVELOPMENT activities that were made available to teaching staff working with High Cost Special Education Needs Students this past year:

- In School Training
- Workshops
- Conferences
- University/College Courses
- Coaching/Mentoring
- Other, please specify: _____

Part C: Special Education Policy

- 17. Does the school have a formal written Special Education Policy? Yes No
- 18. Does the policy include an appeal process? Yes No
- 19. When was the policy last reviewed and updated? _____, 20____
Month/Day, Year
- 20. Does your Special Education policy address the provision of services to High Cost Special Education Needs students from other jurisdictions? Yes No
 Not applicable

21. Indicate the ways in which parents and caregivers are involved in the program:
- They are INFORMED ABOUT the Special Education Policy and services available to their children in the schools and community agencies
 - They are PROVIDED WRITTEN DOCUMENTATION about the Special Education Policy and services available to their children
 - They are given the opportunity to be INVOLVED in the development, implementation and evaluation of their children's IEP

- They are PROVIDED with a copy of their assessment reports
- They are required to AUTHORIZE IN WRITING any assessments, planning and transmission of assessment reports to other agencies
- They are given the opportunity to be INVOLVED in pre- and post-assessment consultation with professionals
- They are asked to PROVIDE THEIR FEEDBACK to the school administration about their level of satisfaction about the progress of IEPs

Part D: Other Agencies

22. Indicate the types of agencies and programs inside and outside the community with which the school collaborates to provide support and services to High Cost Special Education Needs students and their families:

- Child and Family Services
- Health Services
- Day Care / Head Start
- Provincial School Boards or School Divisions
- Traditional/Spiritual Advisors
- Social Services
- Income Assistance
- Provincial Education Ministries
- Inter-agency Organizations
- Other, please specify: _____

Part E: Needs Not Met

Note: This section is to be completed by First Nations Schools for planning purposes only. INAC will use the information to build a business case for increased program funding. Provincial and Federal Schools funded by INAC for Special Education are not required to complete this section.

23. Was the school able to provide appropriate services for all students identified as having High Cost Special Education Needs? Yes No

If you answered "NO" to Question #23, please respond to the remaining questions below. The attached worksheets can be used to determine the answers to the questions, however, they should not be submitted to INAC or to the Regional Managing Organization.

	# Students
24. How many students identified as having High Cost Special Education needs and eligible for services under SEP funding DID NOT HAVE ANY OF THEIR NEEDS MET?	
25. How many students identified as having High Cost Special Education needs and eligible for services under SEP funding HAD THEIR NEEDS PARTIALLY MET?	
26. How many students with High Cost Special Education needs are in the school but INELIGIBLE for services under SEP Funding?	

27. Of the students identified in questions 24 and 25, HOW MANY:

Have been assessed by a specialist		Received a medical diagnosis	
Have been assessed through teacher observation/screening		Have NOT been assessed	

Other: specify _____

28. Of the students identified in questions 24 and 25, HOW MANY REQUIRE THE FOLLOWING SERVICES:

a) Special Education Teacher	<input type="text"/>	i) One-on-one part-time support	<input type="text"/>
b) Psychologist	<input type="text"/>	j) Speech/Language/Pathologist	<input type="text"/>
c) Physiotherapist	<input type="text"/>	k) Professional Counseling	<input type="text"/>
d) Occupational Therapist	<input type="text"/>	l) Psychometrician	<input type="text"/>
e) Dietician	<input type="text"/>	m) Ophthalmologist/Optomtrist	<input type="text"/>
f) Medical Diagnostician	<input type="text"/>	n) Assistive Devices	<input type="text"/>
g) Supported Technology	<input type="text"/>	o) Other	<input type="text"/>
h) One-on-one full time support	<input type="text"/>		<input type="text"/>

29. Of the students identified in questions 24 and 25, specify the approximate amount of additional funding needed for the following, if applicable:

		\$\$ Required
a) Staff (TAs, Teachers, etc)		<input type="text"/>
b) Capital (e.g. for wheelchair ramp or other modifications to the building to accommodate special needs students)		<input type="text"/>
c) Transportation		<input type="text"/>
d) Programs		<input type="text"/>
e) Professional Development		<input type="text"/>
f) Assessments	# outstanding:	<input type="text"/>
g) Other		<input type="text"/>

30. Indicate any other reasons for lack of service:

31. Describe the resources and strategies used to address needs not met by Special Education Program funds:

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

Name of Individual Completing the Report	Title
Signature	Date

First Nations Special Education Program Annual Report for Schools

INSTRUCTIONS

1. Due annually on May 15
2. One report per school receiving Special Education Program Funds is to be completed for First Nations Schools and Provincial Schools receiving Special Education Program funds.
3. Recipients affiliated with a First Nation Regional Managing Organization (FNRMO) are to submit their report to their RMO. All other recipients are to submit their reports directly to INAC.

GLOSSARY

Eligible Students: Students eligible for funding under the Special Education Program (SEP) are those whose special education needs cannot be met within the resources intended for the general student population and who are on the Nominal Roll or eligible to be on the Nominal Roll based on the First Nation Education Program Guidelines. Broadly speaking, special education needs of students fall within a continuum of mild to moderate, moderate to severe and severe to profound. Special education 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. Students receiving programs and services under the Special Education Program (SEP)* are to be identified as High Cost Special Education Students on the Nominal Roll.

Formal Assessment: An assessment of a student's special education needs conducted by specialized professionals.

Informal Assessment: An assessment of a student's special education needs conducted by a teacher in the student's school.

Contact the Special Education Program Guidelines, your Regional Managing Organization or your INAC Regional office for more information.

Note: Part E of the form is under review. Changes will be communicated as required.



First Nations Special Education Program (SEP) Annual Report for First Nation Regional Managing Organizations (FNRMOs)

Identification Information

Regional Managing Organization Name	Regional Managing Organization Number <small>INAC use only</small>	School Year Being Reported: September _____ - June _____	
Address		Telephone	FAX
		email	

TYPE OF SERVICES

DELIVERED: 100% Direct and Indirect Services 25% Indirect Services Only

schools

SCHOOLS SERVED THROUGH THE
REGIONAL MANAGING ORGANIZATION

First Nation schools	
Provincial public schools	
Provincial private schools	

Number of schools affiliated with your organization that SUBMITTED the <i>First Nations Special Education Program Annual Report for Schools</i>	
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Part A: Student Identification

		# Students
HIGH COST SPECIAL EDUCATION (HCSE) NEEDS STUDENTS	1a. How many eligible HCSE students in the schools are RECEIVING Special Education Services from SEP funds?	
	1b. How many eligible HCSE students in the schools receiving Special Education Services from SEP funds HAVE AN IEP?	
	2a. How many eligible HCSE students in the schools are NOT RECEIVING Special Education Services from SEP funds?	
	2b. How many eligible HCSE students not RECEIVING Special Education Services HAVE an IEP?	
	3. How many students in the schools have been IDENTIFIED THROUGH FORMAL ASSESSMENT as having HCSE needs?	
	4. How many students in the schools have been IDENTIFIED THROUGH INFORMAL ASSESSMENT as having HCSE needs?	

		# Re- assessments	# New Cases
STUDENT REFERRALS AND ASSESSMENTS	5. How many students were REFERRED for a formal assessment within the school year?		
	6. How many students were FORMALLY ASSESSED within the school year?		

7. How many FORMALLY ASSESSED students were IDENTIFIED during the school year as having high cost special education needs?		
8. How many students were INFORMALLY IDENTIFIED during the school year as having high cost special education needs?	n/a	

STUDENT INDIVIDUAL EDUCATION PLANS (IEPs)

9. How many students are MEETING OR EXCEEDING the learning objectives of their IEP?	
10a. How many schools review IEPs ANNUALLY	
10b. How many schools review IEPs TWICE A YEAR	
10c. How many schools review IEPs THREE OR MORE TIMES PER YEAR	

Part B: School Staff

	# FTEs
FULL-TIME EQUIVALENT (FTE) TEACHING STAFF WORKING WITH HIGH COST SPECIAL EDUCATION NEEDS STUDENTS	
11. Full time equivalent (FTE) Teaching staff that are PROVINCIALY CERTIFIED TEACHERS but not qualified special education teachers	
12. FTE Teaching staff that are QUALIFIED SPECIAL EDUCATION TEACHERS	
13. FTE Teaching staff that are CERTIFIED para-professionals, teacher assistants or inclusion facilitators	
14. FTE Teaching staff that are UNCERTIFIED para-professionals, teacher assistants or inclusion facilitators	

	# Staff
PROFESSIONAL DEVELOPMENT	
15. Teaching staff involved in at least one SPECIAL EDUCATION professional development activity during the year	

16a. Indicate the NUMBER OF SCHOOLS that reported providing the following types of SPECIAL EDUCATION PROFESSIONAL DEVELOPMENT activities to teaching staff working with High Cost Special Education Needs Students this past year:

In School Training	_____	Workshops	_____
Conferences	_____	University/College Courses	_____
Coaching/Mentoring	_____	Other	_____

16b. Indicate the number of schools that participated in the following SPECIAL EDUCATION PROFESSIONAL DEVELOPMENT activities made available by YOUR REGIONAL MANAGING ORGANIZATION:

	# schools that participated		# schools that participated
In School Training		Workshops	
Conferences		University/College Courses	
Coaching/Mentoring		Other, please specify:	

Part C: Special Education Policy

FIRST NATIONS SCHOOLS		# schools
17. How many schools have a formal written Special Education Policy?		
18. How many schools have an appeal process?		
19. How many schools updated their Special Education Policy in the last year?		
20. How many schools have policies that address the provision of services to High Cost Special Education students from other jurisdictions?		

21. Does your organization have a formal written Special Education Policy? Yes No

22. Does your organization's policy include an appeal process? Yes No

23. When was your organization's policy last reviewed and updated? _____, 20____
Month/Day/Year

24. Does your Special Education policy address the provision of services to Yes No

High Cost Special Education Needs students from other jurisdiction? Not applicable

25. Indicate the NUMBER OF SCHOOLS who reported parental/caregiver involvement in the following ways:

	# of schools
Parents/Caregivers are INFORMED ABOUT the Special Education Policy and services available to their children in the schools and community agencies	
Parents/Caregivers are PROVIDED WRITTEN DOCUMENTATION about the Special Education Policy and services available to their children	
Parents/Caregivers are given the opportunity to be INVOLVED in the development, implementation and evaluation of their children's IEP	
Parents/Caregivers are PROVIDED with a copy of their assessment reports	
Parents/Caregivers are required to AUTHORIZE IN WRITING any assessments, planning and transmission of assessment reports to other agencies	
Parents/Caregivers are given the opportunity to be INVOLVED in pre- and post-assessment consultation with professionals	
Parents/Caregivers are asked to PROVIDE THEIR FEEDBACK to the school administration about their level of satisfaction about the progress of IEPs	

Part D: Other Agencies

26a. Indicate the NUMBER OF SCHOOLS who reported links to the following types of agencies and programs inside and outside the community for support and services to High Cost Special Education Needs students and their families:

Child and Family Services _____ Social Services _____
Health Services _____ Income Assistance _____

Day Care / Head Start _____ Provincial Education Ministries _____
 Provincial School Boards / School Divisions _____ Inter-agency Organizations _____
 Traditional/Spiritual Advisors _____ Others: _____

26b. Indicate the types of agencies/organizations that YOUR REGIONAL MANAGING ORGANIZATION collaborates with to provide support and services to High Cost Special Education Needs students and their families:

	First Nation	Provincial	National
Health Organizations			
Ministries of Education			
School Boards			
Child and Family Services Agencies			
Post Secondary Institutions			
Advocacy Groups			
Other, please specify: _____			

Part E: Needs Not Met

Note: Please compile the information received from First Nations Schools. This information is for planning purposes only. INAC will use it to build a business case for increased program funding.

27a. How many schools were ABLE to provide appropriate services for all students identified as having High Cost Special Education Needs? # Schools
 27b. How many schools were UNABLE to provide appropriate services for all students identified as having High Cost Special Education Needs?

28. How many students identified as having High Cost Special Education needs and eligible for services under SEP funding DID NOT HAVE ANY OF THEIR NEEDS MET? # Students
 29. How many students identified as having High Cost Special Education needs and eligible for services under SEP funding HAD THEIR NEEDS PARTIALLY MET?
 30. How many students with High Cost Special Education needs are in the schools but INELIGIBLE for services under SEP Funding?

31. Of the students identified in questions 28 and 29, HOW MANY:

Have been assessed by a specialist	<input type="text"/>	Received a medical diagnosis	<input type="text"/>
Have been assessed through teacher observation/screening	<input type="text"/>	Have NOT been assessed	<input type="text"/>
		Other: specify _____	<input type="text"/>

32. Of the students identified in questions 28 and 29, HOW MANY REQUIRE THE FOLLOWING SERVICES:

a) Special Education Teacher		i) One-on-one part-time support	
b) Psychologist		j) Speech/Language Pathologist	
c) Physiotherapist		k) Professional Counseling	
d) Occupational Therapist		l) Psychometrician	
e) Dietician		m) Ophthalmologist/Optomtrist	
f) Medical Diagnostician		n) Assistive Devices	
g) Supported Technology		o) Other	
h) One-on-one full-time support			

33. Of the students identified in questions 28 and 29, specify the approximate amount of additional funding needed for the following, if applicable:

		\$\$ Required
a) Staff (e.g.TAs, Teachers)		
b) Capital (e.g. wheelchair ramp or other modifications to the building to accommodate special needs students)		
c) Transportation		
d) Programs		
e) Professional Development		
f) Assessments	# outstanding:	
g) Other		

34. Indicate any other reasons for lack of service:

35. Describe the resources and strategies used to address needs not met by Special Education Program funds:

Part F: Services Provided by FNRMO

36. INFORMATION SERVICES PROVIDED		# schools that received the service
Resource / Help Phone Line		
Publications on specific issues (e.g. FAS/E)		
Newsletters		
Website or email support networks		
Regional Conferences		
Other, please specify: _____		

37. SPECIAL EDUCATION INFORMATION SHARING PROVIDED	Special Education Newsletters	# Issues in the year	
		# Distributed in the year	
	Special Education Publications	# Issues in the year	
		# Distributed in the year	
	Special Education Email Support Networks	# Registered participants	
		# Support Networks	

Special Education Website Information	# Downloadable documents	
Special Education Regional Conferences	# Links to other resources/sites	
	# Regional Conferences	
	# Participants	

38. ASSESSMENT SUPPORT SERVICES PROVIDED

	Educational Psychologists	Speech and Language Specialists	Special Education Consultants	Other, please specify:
# Assessments conducted by:				
# Schools that received services by:				
# Assessments for which follow-up support was provided by:				

39. ADMINISTRATIVE SUPPORT SERVICES PROVIDED

	# schools that received the service
Common purchase of resources (e.g. books, assessment tools, software)	
School staff recruitment	
Curriculum Adaptation/Support	
Other, please specify: _____	

40. TELEPHONE SUPPORT SERVICES PROVIDED

	# calls received
Resource / Help Phone line	
Regional Managing Organization office staff	
Speech Language Specialist	
Special Education Consultant	
Educational Psychologist	
Other, please specify:	

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

Name of Individual Completing the Report	Title
Signature	Date

First Nations Special Education Program Annual Report for First Nation Regional Managing Organizations (FNRMOs)

INSTRUCTIONS

1. Due annually on July 30 from First Nation Regional Managing Organizations (FNRMOs)
2. Submit to the INAC Regional Office.

GLOSSARY

Eligible Students: Students eligible for funding under the Special Education Program (SEP) are those whose special education needs cannot be met within the resources intended for the general student population and who are on the Nominal Roll or eligible to be on the Nominal Roll based on the First Nation Education Program Guidelines. Broadly speaking, special education needs of students fall within a continuum of mild to moderate, moderate to severe and severe to profound. Special education 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. Students receiving programs and services under the Special Education Program (SEP)* are to be identified as High Cost Special Education Students on the Nominal Roll.

Formal Assessment: An assessment of a student's special education needs conducted by specialized professionals.

Informal Assessment: An assessment of a student's special education needs conducted by a teacher in the student's school.

Contact the Special Education Program Guidelines or your INAC Regional office for more information.

Note: Part E of the form is under review. Changes will be communicated as required.

REGISTER OF POST-SECONDARY EDUCATION STUDENTS IN ATTENDANCE ON NOVEMBER 1, 20

Name of Administering Organization: _____

Name 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 Calendar (circle one)*	UCEP** Student?
		Family Name	Given Name & Initial	Date of Birth yyyy/mm/dd	Sex						
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>

Non-University (1) Undergraduate (2) Graduate (3) Not seeking a qualification (4)	**University/College Entry Program
Enter '0' if less than one year.	Enter '0' if less than one year.

* 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: _____ Title: _____ Signature: _____
 Phone Number: _____ Date: _____



REGISTER OF PSE STUDENTS

DUE DATE: Due annually on December 31, based on a census date of November 1 for the current school year.

INSTRUCTIONS

- ▶ 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 Calendar of the PSE institution that the student is attending.
- ▶ Sign and date the form when completed.

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

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

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. <i>Source: Student s status card</i>
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. <i>Source: Student s status card or transcript</i>
Date of Birth Gender	This information is required for administrative purposes (Note: Birth date and gender are required for all students.) <i>Source: Student s status card or transcript</i>
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. <i>Source: First Nation</i>
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. <i>Source: Institution File</i>
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. <i>Source: Transcript</i>
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. <i>Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution</i>
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. <i>Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution</i>
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. <i>Source: Transcript or institution</i>
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. <i>Source: Transcript</i>
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. <i>Source: Transcript. For new students - letter of sponsorship and/or acceptance letter from PSE institution</i>

1. REGISTER OF POST-SECONDARY EDUCATION GRADUATES:

List the students that graduated between April 1, 20__ and March 31, 20__.

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.			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 Calendar (circle one)*
	Family Name	Given Name & Initial	Date of Birth yyyy/mm/dd						
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5
_____ or Inuit <input type="checkbox"/>	_____	_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>	PSEI Name: _____ PSEI Number: _____	1 2 3 4		0 1 2 3 4 5	0 1 2 3 4 5

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

2. SUMMARY TOTAL OF PSE STUDENTS, INCLUDING GRADUATES, FUNDED DURING FISCAL YEAR 20__-20__:

How many students received PSE funding between April 1, 20__ and March 31, 20__ from this Administering Organization?:

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

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

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 students who 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 Calendar.

For students that received PSE funding:

- ▶ 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



Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

Canada

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

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NATIONAL TEMPLATE FNRG 2006-2007

TAB E – SOCIAL DEVELOPMENT

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Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

Canada

INCOME ASSISTANCE MONTHLY REPORT

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

DCI 455895 (2006-2007)

TPMS RR CODE: 0041

INCOME ASSISTANCE MONTHLY REPORT(S)

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

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 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. <i>Source: First Nation Housing Inventory List or equivalent</i>
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	Refers to the total annual fuel, utilities and other shelter expenditures (only funds

Data Element	Description
and other shelter expenditures (\$000)	that are reimbursed by INAC) to Income Assistance recipients.
No. of person-months of employment created	Refers to the <u>total number of person-months</u> (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. <i>Source: Income Assistance Transfer Project Report</i>
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. <i>Source: Income Assistance Transfer Project Report</i>
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. <i>Source: Income Assistance Transfer Project Report</i>
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 <i>1 child month</i> . 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.

INCOME ASSISTANCE ANNUAL REPORT

First Nations Funded Income Assistance Through Fixed Volume FTA/CFNFA/DFNFA

First Nation Name	First Nation Number
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Income Assistance (IA) - Basic Needs

Annual Monthly Average Income Assistance Recipients by Reason for Requiring Assistance

Reasons for Receiving IA	On Reserve		
	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
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.)

Income Assistance Benefits Transferred for Employment and Training (such as the Work Opportunity Program (WOP))

	Total
1. Number of Person Months of Employment Created	
2. Dollars Transferred	\$
3. Number of Projects	

Children out of Parental Home

	Total Number
1. Children Out of Parental Home (COPH)	

Name	Title
Signature	Date

DCI 455897 (2006-2007)

TPMS RR CODE 0057

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.)

Income Assistance Benefits Transferred for Employment and Training (such as the Work Opportunity Program (WOP))

Number of 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 benefits for employment and training (such as WOP).

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	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. <i>Source: Income Assistance Transfer Project Report</i>
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. <i>Source: Income Assistance Transfer Project Report</i>
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 <i>1 child month</i> . 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 MAINTENANCE MONTHLY REPORT

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

Administering First Nation or Agency Number	Administering First Nation or Agency Number
---	---

period month/year

Family Name	Given Name	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 (C)rown ward	# days in care	daily rate	type of care	Special Needs**

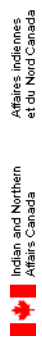
*TYPE OF CARE: (F)oster Home, (G)roup Home, (I)ntitutional Care ↓

**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 Home (Children)			
02370	Institutional Care (Children)			

DCI 455917 (2006-2007)



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

TPMS RR CODE: 0045



NAME _____ TITLE _____

SIGNATURE _____ DATE _____

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:

<ul style="list-style-type: none"> a. The beneficiary's CFS status: - Voluntary Care Ward (V) - Temporary Care Ward (T) - Permanent (Crown) Ward (P) 	<ul style="list-style-type: none"> 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.

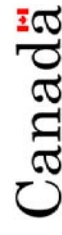
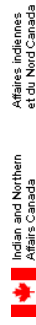
Data Element	Description
	group home by the fact that permanent full-time staff work on a shift basis.
02371 - Foster Homes	Care provided in a family setting by persons who are not the parents of the child and where placement was made by an agency, such as a band, INAC, or a provincial child welfare 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 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
a. List of services provided (specify)				a. List of services provided (specify)	# of children Served
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			

DCI 460434 (2006-2007)

For First Nations under CFA: TPMS RR CODE: 0047



**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 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.

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

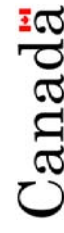
Data Element	Description
CHILD AND FAMILY SERVICES: OPERATIONS	
List of Services Provided	Refers to the Type of Service provided by the First Nation or the CFS Agency, such as prevention, protection, adoption and/or alternate care. This information is required to assess performance and for resource allocation.
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 5 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.
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.

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
a. List of services provided (specify)				a. List of services provided (specify)	# of children Served
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			

DCI 460439 (2006-2007)

For First Nations under TA/CFNFA/DFNFA: TPMS RR CODE: 0044



**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 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.

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: OPERATIONS	
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 5 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.
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.

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

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

Fiscal Year: _____ Quarter Being Reported (Check One): Apr-Jun (Due Jul 15) Jul-Sep (Due Oct 15) Oct-Dec (Due Jan 15) 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? Yes 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
								\$			\$
								\$			\$
								\$			\$
								\$			\$
								\$			\$
								\$			\$
								\$			\$
								\$			\$
								\$			\$
								\$			\$

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

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

Name: _____ Title: _____ Signature: _____ Date: _____

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:

<ul style="list-style-type: none"> a. The beneficiary's CFS status: - Voluntary Care Ward (V) - Temporary Care Ward (T) - Permanent (Crown) Ward (P) 	<ul style="list-style-type: none"> 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 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.

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. <i>Source: Funding Arrangement</i>
Band No.	Refers to the beneficiary s (child) band number. This information is required for accountability purposes. <i>Source: Indian Registry System</i>
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. <i>Source: Indian Registry System</i>
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. <i>Source: Indian Registry System</i>
Gender	Refers to the gender of the child who has been placed in the care of an agency. This information is required for accountability. <i>Source: Indian Registry System</i>
Date of Birth	Refers to the child s date of birth. This information is required for accountability and resource allocation. <i>Source: Indian Registry System</i>
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. <i>Source: First Nation, CFS Agency or Indian Registry System</i>
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. <i>Source: First Nation, CFS Agency, or Indian Registry System</i>
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. <i>Source: First Nation or CFS Agency or Population Statistics Data</i>
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.
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

Data Element	Description
	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.

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 (2440,2441, 2442,2443) (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		
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		
DCI 455937 (2006-2007)			

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

TPMS RR CODE: 0050

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 of 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 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.

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. <i>Source: Funding Arrangement</i>
Band No.	Refers to the client's band number. This information is required for accountability purposes. <i>Source: Indian Registry System</i>
Name	Refers to name of the individual placed in care. This information is required for accountability and resource allocation. <i>Source: Indian Registry System</i>
Gender	Refers to the gender of the individual placed in care. This information is required for accountability and resource allocation. <i>Source: Indian Registry System</i>
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. <i>Source: Assisted Living Placement Form, Indian Registry System or First Nation equivalent</i>
Date of Birth	The individual's date of birth. This information is required for accountability and resource allocation. <i>Source: Indian Registry System</i>
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. <i>Source: Assisted Living Placement Form or Indian Registry System</i>
Type of Service	Refers to the type of service by code: 02395 - In-Home Care Services 02397 - Institutional Care Type II 02396 - Institutional Care Type I 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

Data Element	Description
	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.
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. <i>Source: First Nation or equivalent CFS Agency form</i>
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.

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, gender and date of birth for each client presently in care.
- **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 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.

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. <i>Source: Funding Arrangement</i>
Band No.	Refers to the client's band number. This information is required for accountability purposes. <i>Source: Indian Registry System</i>
Gender	Refers to the gender of the individual placed in care. This information is required for accountability and resource allocation. <i>Source: Indian Registry System</i>
Date of Birth	The individual's date of birth. This information is required for accountability and resource allocation. <i>Source: Indian Registry System</i>
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.

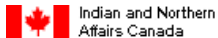
FAMILY VIOLENCE PROJECTS ANNUAL REPORT

For the Fiscal Year _____

First Nation organization name		First Nation organization number			
Name of project		<input type="checkbox"/> New or <input type="checkbox"/> 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		

DCI 455953 (2006-2007)

TPMS RR CODE: 0048

Indian and Northern
Affairs CanadaAffaires indiennes
et du Nord Canada

Canada

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.

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.

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. <i>Source: Indian Registry System</i>
First Nation No.	Refers to the First Nation s number. This information is required for accountability purposes. <i>Source: Indian Registry System</i>
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 SHELTERS ANNUAL REPORT

	For the Fiscal Year _____
First Nation Name	Band Number
Name of Emergency Shelter	Project Haven Shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No
How is the emergency shelter funded? (Check all that apply) <input type="checkbox"/> INAC Family Violence Prevention Initiative Transfer Payments <input type="checkbox"/> Other Government Department <input type="checkbox"/> Private Agency <input type="checkbox"/> Provincial Government <input type="checkbox"/> Other: _____	
Who operates the emergency shelter? <input type="checkbox"/> Band Operated <input type="checkbox"/> Corporation <input type="checkbox"/> Provincial/Private Agency	
Over the past fiscal year, did the shelter support or provide any of the services below? (Check all that apply, see instructions for definitions) <input type="checkbox"/> Second Stage Housing <input type="checkbox"/> Transition House <input type="checkbox"/> Safe Home Network <input type="checkbox"/> Satellite <input type="checkbox"/> Women Emergency Centre <input type="checkbox"/> Family Resource Centre <input type="checkbox"/> Interim Housing <input type="checkbox"/> Other (specify) _____	

For the fiscal year being reported:

How many units 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 shelters?	
How many families received shelter in this facility?	
How many women received shelter in this facility?	
How many children received shelter in this facility?	
What is the total number of bed nights spent in this shelter?	
How many persons received information or counselling, but who did not stay overnight?	
What were the total annual costs related to this shelter?	\$

If the shelter opened during this fiscal year:

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

FAMILY VIOLENCE SHELTERS ANNUAL REPORT

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

INSTRUCTIONS

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

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. <i>Source: Indian Registry System</i>
Band No.	Refers to the First Nation s band number. This information is required for accountability purposes. <i>Source: Indian Registry System</i>
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. <i>Source: Shelter Financial Records</i>
Shelter Operator	Refers to the Administering organization 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 (NCB) FIRST NATIONS ANNUAL REPORT ON REINVESTMENT 200_/200_

First Nation name	First Nation number
Name of reinvestment project: _____ new or continuing	
What was the main objective of the project? More than one can be checked (✓). prevention & reduction in the depth of child poverty provide incentives to work reduce overlap and duplication through the simplified administration of benefits for children	
Check the activity area(s) targeted and indicate the actual annual amount of INAC funds spent for each:	
Child Nutrition	\$ _____
Child Care	\$ _____
Support for Parents	\$ _____
Home-Work Transition	\$ _____
Cultural Enrichment	\$ _____
TOTAL NCB reinvestment funds spent:	\$ _____
Total funds spent on the above activities from other sources (other INAC programs funds; other government departments funds; self-source) \$ _____	
Purpose of project (please provide a brief description of the project):	
Results or accomplishments of project (please compare with goals in original project plan):	
How many families benefited from this reinvestment project?	
How many children under the age of majority benefited from this reinvestment project?	
The information provided is accurate to the best of my knowledge:	
Prepared by:	Title:
Signature	Date

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 project developed.

- **First Nation Name/Number/Period:** Fill in the name of the First Nation or agency responsible for administering NCB reinvestment for each project and the year for which the report is being made.
- **Name of Reinvestment Project(s) Developed:** Provide name of the reinvestment project developed and indicate whether the project is **new** or **continuing** from a previous year. Types of reinvestment projects include areas of child nutrition; child care; support for parents; home work transition and cultural enrichment for low-income families with children under the age of majority of the relevant province/territory.
- **Main Objectives Targeted in this Report:** Indicate which of the three objectives (1: prevention and reduction in the depth of child poverty; 2) provide incentives to work; 3) reduce overlap and duplication through the simplified administration of benefits for children) listed were targeted in this report. More than one objective may be checked.
- **Activity Areas Targeted in this Report:** Indicate which of the five activity areas listed were targeted in this report (child nutrition; child care; support for parents; home-work transition; cultural enrichment). More than one activity area may be checked per report.
- **Annual Amount of the Reinvestment Fund:** Indicate the actual annual amount of funds spent for reinvestment project(s) for each activity area checked.
- **Other (non-NCBR) Funding:** Indicate the amount of funding contributing to this project, made available from another source of funding within INAC, from other government departments or self source.
- **Purpose of Project:** Provide a short description of the goals of the project.
- **Results or Accomplishments of Project:** Provide a description of the results or accomplishments of the project as compared to the original goals proposed in the project plan.
- **Number of Families and Children:** Provide the number of families and children under the age of majority who benefited from the NCB reinvestment project. Counts of beneficiaries (number of families and number of children) will vary depending on the nature of reinvestment projects. For hot lunches, it may be the number of children; for training, it may be the number of families; and for earned 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	Description
First Nation name	Refers to the name of the First Nation or Agency responsible for administering the NCB reinvestment project(s). This information is required for accountability purposes. <i>Source: Indian Registry System</i>
First Nation number	Refers to the First Nation's or Agency's number. This information is required for accountability purposes. <i>Source: Indian Registry System</i>
1. Reinvestment Funds	
Name of reinvestment project developed (New or Continuing)	Refers to the name of the project and whether the project is new or continuing from the previous year. Type of reinvestment projects include: child nutrition; child care; support for parents; home to work transition; and cultural enrichment.
Main objectives of the NCB Initiative	There are three main objectives to the NCB Reinvestment Initiative. All projects must have one of these objectives. This information is required for accountability purposes.
Activity areas for project	There are five activity areas which are usually targeted in NCB reinvestment projects. This information is required for accountability purposes. Child nutrition: to improve the health and well-being of children and educate parents on nutrition (e.g. breakfast programs at school, nutrition classes for parents); Child care: to make child care more available and affordable to low-income families (e.g. meet the cost of day care while parents attend courses to upgrade education levels, or on-the-job training); Support for parents: to provide early intervention for parents to help their children get a healthy start in life (e.g. provide at-risk families and youth with support, guidance and opportunities to make healthier lifestyle choices toward their children); Home to work transition: to provide training to increase the skill level of individuals and increase their chances of obtaining work (e.g. preparing parents/youth for employment); and Cultural enrichment: to teach and promote traditional culture to youth, through classes and support programs (e.g. cultural awareness workshops, field-trips).
Actual annual amount of reinvestment fund	Refers to the savings funds spent on NCB reinvestment projects by activity area. A NCB reinvestment savings fund is the money made available through the adjustment to Income Assistance benefits in relation to the full or partial National Child Benefit supplement payments. <i>Source: First Nations NCB Reinvestment Initiative - National Manual/Regional NCB Reinvestment Framework.</i> Other Funding: identifies, if applicable, any other source of funding contributing to the NCB reinvestment project (from another INAC program, from another government department, or self source).
Purpose of project	Refers to a short description highlighting the goals for each project. This information is required for accountability purposes.
Results or accomplishments of project	Refers to a description of the results or accomplishments of the project as compared to the original goals proposed in the project plan; whether the original goals were met and which activities were successfully carried out.
2. Number of Families And Children Benefiting Under Reinvestment Projects	
Number of families	Refers to the number of families who benefited from the NCB reinvestment project(s).
Number of children under the age of majority	Refers to the number of children under the age of majority who benefited from the NCB reinvestment project(s).

ANNUAL REPORT - INAC HEAD START PROGRAM OR INAC DAYCARE PROGRAM

INAC FUNDED HEAD START PROGRAM IN NEW BRUNSWICK OR INAC FUNDED DAYCARE PROGRAM IN ONTARIO AND ALBERTA

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

INSTRUCTIONS

All First Nations New Brunswick who are funded by INAC for the Head Start Program and all First Nations in Ontario and Alberta who are funded by INAC for the Daycare Program are required to submit the annual report

- **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 daycare program or Head Start program.
- **address/number of facilities:** Show the total number of daycare centres or Head Start programs and daycare places funded by INAC. Also show the total number of children in a daycare/Head Start program during the year. Provide the mailing address of each daycare facility/Head Start Program.
- Sign and date the completed form.

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.

Daycare Program / 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 daycare centres or programs funded by INAC	Refers to the total number of operating daycare facilities or Head Start Programs that are funded by INAC. This information is required for accountability purposes.
No. of daycare places funded by INAC	Refers to the total number of daycare 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 daycare 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 daycare during year	Refers to the total annual number of children placed in daycare facilities or a Head Start program(s) during the year. This information is required for accountability purposes.

DISABILITIES INITIATIVE 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)	
Amount of INAC funds used for this project	
Results or accomplishments of project	

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

Prepared by	Title
Signature	Date

DISABILITIES INITIATIVE 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 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.

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.

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NATIONAL TEMPLATE FNRG 2006-2007

TAB F - LANDS

Summary Report of Land Management Transactions.....	2
Report on Rentals and Receivables.....	3

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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.

DCI 456101 (2006-2007)

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:

- 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.



Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

Canada

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

DCI 456102 (2006-2007)

TPMS RR CODE: 0004



NATIONAL TEMPLATE FNRG 2006-2007

TAB G - ECONOMIC DEVELOPMENT

Community Economic Development Program Report.....	2
Community Economic Opportunities Program Project Status Report	6
Community Economic Development Operational Plan	10

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COMMUNITY ECONOMIC DEVELOPMENT PROGRAM REPORT

DUE DATE: Due July 30, 2007 for the previous fiscal year ending March 31, 2007.

All sections of the report are to be completed.

Annexes: Where recipients have received funding under INAC's Community Economic Opportunities 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. If not known, leave blank.
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 Number:	
A5	Fax:	
A6	E-mail:	
A7	Contact Title	

SECTION B. Narrative information on 2006-2007 activities related to CEDP funding

There are 8 Economic Development Objectives identified in the 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 C. Annual Actual Expenditures					
		CEDP Funds	Funds from Other Sources	Total	
C1	Community economic planning & capacity development	\$	\$	\$	<p>The section seeks information on annual actual expenditures by type of activity and source of funds (INAC and other).</p> <p>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.</p> <p>For items not tracked through your financial accounting system, estimates may be provided.</p> <p>Estimated amounts should be marked with an asterisk (*).</p> <p>The total for all items should be equal to the 'Total' as indicated in your audited financial statement.</p>
C2	Proposal Development	\$	\$	\$	
C3	Employment of Community Members	\$	\$	\$	
C4	Community Owned & Community Member Business Development	\$	\$	\$	
C5	Community Land & Resource Development	\$	\$	\$	
C6	Access to Opportunities from Land & Resources Beyond Community Control	\$	\$	\$	
C7	Promoting Investment	\$	\$	\$	
C8	Research & Advocacy	\$	\$	\$	
C9	Other	\$	\$	\$	
C10	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:

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 (e.g. number of jobs created).

Performance Amount: Provide the performance amount

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:

YYYY/MM/DD

Canada 

**COMMUNITY ECONOMIC OPPORTUNITIES PROGRAM (CEOP)
PROJECT STATUS REPORT**

Due Date: Due annually on July 30.

Instructions

All applicable sections of the report must be completed.

Project Identification

Recipient Name: Provide the name of the funding recipient.

Recipient #: This section will be completed by INAC.

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

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

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

Recipient Information

Provide address, telephone and email information, as per the form.

Project Activities

Work Description: Describe all activities undertaken to advance or complete the project plan. If you wish to describe work carried out which your initial or amended plan did not envisage, please feel free to do so.

Completion Status: Check off the percentage range that best reflects the extent to which the project plan has been completed.

Documents Demonstrating Completion Status: Provide attached, any documentation supporting the completion of the stages of work outlined in the project plan.

Incomplete Project Plan: Explain in this section the factors that have prevented the completion of the activities outlined in the project plan from being fully carried out. Possible reasons could include over-estimates of on-going 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.

End-of-Project Results

Complete this section only if the respective project is to receive no further INAC funding.

Quantitative Performance Indicator(s): Provide a list of the performance results the recipient committed to achieving in the funding agreement amendment (i.e. training, jobs created, total contracts amount, projected revenue generated to the community, etc).

Performance Amount: Provide the performance totals/amounts and relative unit of measurement (i.e. \$) for each respective indicator listed.

Project Results to Date: Provide a brief description of the achieved performance indicators listed above. This section should elaborate on the quantitative benefits measures identified and may include additional quantitative information.

Expected Future Results: Provide a brief description of benefits anticipated to be achieved by the project in the future. Your description may include quantitative as well as qualitative information.

Certification

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



COMMUNITY ECONOMIC DEVELOPMENT OPERATIONAL PLAN (funding access plan for the Community Economic Development Program)

DUE DATE: Due January 15 for the upcoming fiscal year.

An annual operational plan is the recipient's plan on how the recipient intends to utilize the funding provided by the Community Economic Development Program. Where a community organization has a community economic development plan, the annual operational plan would normally be a component of the community economic development plan.

All sections of the report are to be completed.

SECTION A. Identification

A1	Recipient Name:	This is the name of the recipient under the Community Economic Development Program. The recipient may be a First Nation Council, a self-governing First Nation, an Inuit community, a representative organization of Inuit members of an Inuit community, or an organization that has been mandated and designated by them (e.g. tribal council, regional delivery organization).
A2	Recipient #:	This is the number assigned by INAC to the recipient for funding purposes. If not known, leave blank.
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 be the senior individual responsible for Economic Development.
A4	Title:	
A5	Phone No.:	
A6	Fax:	
A7	E-Mail:	
A8	Expected CEDP Allocation: \$	This is the amount of funding you expect to receive under the Community Economic Development Program. Unless you have been advised differently by INAC's regional office, the amount for the current year will be the amount provided in the previous fiscal year. Cash forecasts from the Community Economic Development Program in Sections C and D should be based on this amount.

SECTION B. ECONOMIC DEVELOPMENT PROJECTS AND ACTIVITIES THAT WILL BE UNDERTAKEN Check all that will apply. Describe briefly the one-time projects and ongoing activities to be undertaken for each objective checked. Use the Economic Development Activity and Performance Guide, which describes the types of typical activities that may be undertaken, and possible performance indicators of expected results.

<p>B1 <input type="checkbox"/> Community Economic Planning and Capacity Development <u>Description of projects and activities:</u> _____ _____ _____ _____ _____ <u>Expected results:</u> _____ _____ _____</p>
<p>B2 <input type="checkbox"/> Proposal Development <u>Description of projects and activities:</u> _____ _____ _____ _____ _____ <u>Expected results:</u> _____ _____ _____</p>
<p>B3 <input type="checkbox"/> Employment of Community Members <u>Description of projects and activities:</u> _____ _____ _____ _____ _____ <u>Expected results:</u> _____ _____ _____</p>
<p>B4 <input type="checkbox"/> Community-owned and Community Member Business Development <u>Description of projects and activities:</u> _____ _____ _____ _____ _____ <u>Expected results:</u> _____ _____ _____</p>

B5	<input type="checkbox"/> Community Land and Resource Development Description of projects and activities: _____ _____ _____ _____ Expected results: _____
B6	<input type="checkbox"/> Access to Opportunities from Land and Resources Beyond Community Control Description of projects and activities: _____ _____ _____ _____ Expected results: _____
B7	<input type="checkbox"/> Promoting Investment in the Community Description of projects and activities: _____ _____ _____ _____ Expected results: _____
B8	<input type="checkbox"/> Research and Advocacy Description of projects and activities: _____ _____ _____ _____ Expected results: _____

SECTION C. ANNUAL CASH FLOW FORECAST BY TYPE OF EXPENDITURE Provide a cash flow forecast of expenditures for all economic development projects and activities to be supported by the Community Economic Development Program by type of expenditure. The data are used to verify the eligibility of planned expenditures for funding.

	Type of Expenditure	Total
C1	Salaries, wages, benefits	
C2	Office overhead	
C3	Travel	
C4	Professional, Technical, Personal Services	
C5	Minor equipment	
C6	Conferences	
C7	Training	
C8	Work initiatives	
C9	Economic Infrastructure	
C10	Other (Specify)	
C11	Total	

SECTION D. ANNUAL CASH FLOW FORECAST BY OBJECTIVE AND SOURCE OF FUNDS Provide an annual cash flow forecast of expenditures for all economic development projects and activities to be supported by the Community Economic Development Program, and expected funds from other sources (including the Community Economic Opportunities Program) for these projects and activities. Recipients will be asked to provide actual expenditures in the Community Economic Development Program Report.

	Objective	Source of Funds		
		CEDP	Other Sources	Total
D1	Community economic planning and capacity development			
D2	Proposal Development			
D3	Employment of Community Members			
D4	Community Owned & Community Member Business Development			
D5	Community Land and Resource Development			
D6	Access to Land and Resources Opportunities Beyond Community Control			
D7	Promoting Investment in the Community			
D8	Research and Advocacy			
D9	Total			

SECTION E. PLANNED PROPOSALS TO THE COMMUNITY ECONOMIC OPPORTUNITIES PROGRAM Describe projects for which applications may be submitted during the fiscal year to the Community Economic Opportunities Program. Subsequent proposals may differ from the information provided under this section. By identifying projects in this section, INAC may be in a position to assist you in developing your proposal(s).

Name of Project	Amount	Purpose and Description

SECTION F. COMMUNITY ECONOMIC DEVELOPMENT PROFILE Section F should be completed only where the recipient is a First Nation Council, the government of a self-governing First Nation or Inuit community, a representative organization of Inuit members of an Inuit community, or a community organization designated by the foregoing to carry out economic development activities on their behalf. Completion of this section is voluntary. Your input will assist in developing measures to meet your needs. It will also measure progress of the program over time. Your information will not be used to evaluate or assess this operational plan.

F1	Does your community have a long-term economic development plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:	
F2	Does your organization plan to employ individuals on a full or part-time basis deal with economic development in the coming year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:	
F3	If yes, how many full-time positions are to be filled:	
F4	If yes, how many part-time positions are to be filled:	
F5	Do the qualifications for persons in economic development positions include post-secondary graduation in a program related to economic development, or work experience related to economic development, or certification as an economic development officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Comments:	

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, and then sign and date the form.

The information provided is accurate to the best of my knowledge

Prepared by:	Title:
Signature:	Date:

DCI 479135 (2006-2007)

TPMS RR CODE: 0138



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NATIONAL TEMPLATE FNRG 2006-2007

TAB H - COMMUNITY INFRASTRUCTURE

Operation and Maintenance of Infrastructure and Education Assets and Facilities

Fire Losses Annual Report.....	2
Housing and Infrastructure Assets Annual Report	5

Capital Assets:

Changes in Capital Assets Annual Report.....	10
Completed ACRS Project Annual Report.....	13

Community Capital Facilities Service Delivery (Including Housing)

Community-Based Housing Plan Annual Report.....	15
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Capital Projects:

Progress Report on Capital Projects.....	17
Certificate of Completion for Capital Projects (Provisional and Final)	20
Five Year Capital Plan Annual Update.....	22

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**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.

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	<i>Source: Fire Incident Report</i>
No. of People Injured (divide into adults and children)	<i>Source: Fire Incident Report</i>
No. of Deaths (divide into adults and children)	<i>Source: Fire Incident Report</i>
No. of Buildings Damaged	Used to maintain INAC s knowledge base on capital assets on reserves. <i>Source: Fire Incident Report</i>
No. of Buildings Destroyed	Used to maintain INAC s knowledge base on capital assets on reserves. <i>Source: Fire Incident Report</i>
Losses in Dollars	Used to maintain INAC s knowledge base on capital assets on reserves. <i>Source: Fire Incident Report</i>

Housing and Infrastructure Assets

Tribal Council No. and Name:	<input type="text"/>
Band No. and Name:	<input type="text"/>
Site No. and Name:	<input type="text"/>

community services

	Updated Value		Updated Value
Electricity	<input type="text"/>	Road Access	<input type="text"/>
Solid Waste	<input type="text"/>	Fire Protection	<input type="text"/>
		Contract	<input type="text"/>
		Contractor	<input type="text"/>

Site No. and Name:	<input type="text"/>
---------------------------	----------------------

Housing Units		Housing Conditions	
Last Year Total:	<input type="text"/>	Replacement Req'd:	<input type="text"/>
Housing Completed:	<input type="text"/>	Major Reno. Req'd:	<input type="text"/>
Houses Deleted:	<input type="text"/>		
Adjustment:	<input type="text"/>	Adequate:	<input type="text"/>
Total Units:	<input type="text"/>	Total Units:	<input type="text"/>
Special Purpose:	<input type="text"/>	Plumbing Req'd:	<input type="text"/>
Total Renovated:	<input type="text"/>		

Water Quality/Quantity		Sewage Effluent	
Category 1:	<input type="text"/>	Category 1:	<input type="text"/>
Category 1A:	<input type="text"/>	Category 2:	<input type="text"/>
Category 2:	<input type="text"/>	Category 3:	<input type="text"/>
Category 2A:	<input type="text"/>		
Category 3:	<input type="text"/>		
Total Units:	<input type="text"/>	Total Units:	<input type="text"/>

Water Servicing		Sewage Servicing	
Piped Water	<input type="text"/>	Piped Sewage	<input type="text"/>
Community Well:	<input type="text"/>	Community Septic:	<input type="text"/>
Individual Well:	<input type="text"/>	Individual Septic:	<input type="text"/>
Truck Water A:	<input type="text"/>	Septic Truck:	<input type="text"/>
Truck Water B:	<input type="text"/>	Other:	<input type="text"/>
Other:	<input type="text"/>	No Service:	<input type="text"/>
No Service	<input type="text"/>		
Total Units	<input type="text"/>	Total Units	<input type="text"/>

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.

DATA ELEMENT DEFINITIONS

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. <i>Source: Band Council Resolution</i>
Reserve Name	Official name of this site. It is the name used in the Department's Indian Land Registry System for this site. <i>Source: Band Council Resolution</i>

Data Element	Description
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: <ul style="list-style-type: none"> • 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. <i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i>
No. of Houses Requiring Replacement	Refers to the number of housing units that: <ul style="list-style-type: none"> - 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. <i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i>
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. <i>Source: Housing Inspectors Report/Band Housing Co-ordinator</i>

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 pipied water system has mains and should also have fire hydrants. This includes both surface water source and groundwater (well) source systems.
Community Well	Number of housing units with water service provided by a well servicing five or more homes in close proximity (cluster housing).
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.

Data Element	Description
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 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. <i>Source: Completion Certificate</i>
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. <i>Source: Band Housing Authority/Band Housing Coordinator</i>
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. <i>Source: Band Housing Authority/Band Housing Co-ordinator</i>
No. of Houses with Renovations Completed	Total number of housing units renovated during the reporting period. <i>Source: Band Housing Authority/Band Housing Coordinator</i>

CHANGES IN CAPITAL ASSETS ANNUAL REPORT

Prepared by: <input type="checkbox"/> First Nation <input type="checkbox"/> Tribal Council <input type="checkbox"/> Other	Signature: _____ Firm: _____ Date: _____
First Nation Number:	First Nation Name:
Site Number:	Site Name:

ASSET - (PREVIOUS INFORMATION)

Asset Number (See ranges below)	Extension	Asset Code (list on next page)	Asset Name
Quantity _____ <input type="checkbox"/> square meters <input type="checkbox"/> kilometers <input type="checkbox"/> meters <input type="checkbox"/> each			

ASSET - (PROPOSED UPDATE)

Asset Number (see ranges below)	Extension	Asset Code (list on next page)	Asset Name
Use		Maintenance by	Design Life
0 – Out of Use <input type="checkbox"/>		1 – First Nation <input type="checkbox"/>	Year of Construction _____
1 – Permanent <input type="checkbox"/>		1 – Department <input type="checkbox"/>	
2 – Temporary <input type="checkbox"/>		2 – Other <input type="checkbox"/>	
			Condition Rating
			0 = Closed 7-9 = Good
			1-3 = Poor _____
			4-6 = Fair 10 = New
Quantity _____ <input type="checkbox"/> square meters <input type="checkbox"/> kilometers <input type="checkbox"/> meters <input type="checkbox"/> each			

Capital Cost	Contribution by DIAND
\$ _____ x 1000 (eg. \$125,000 = 125.0) <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0%	

REMARKS:

REASON

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

ASSET NUMBER RANGES

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

Technical Review: _____	Date: _____	Data Entry: _____	Date: _____
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**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 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,
 - C. hydro-electricity, street lights, diesel generators, landfills, refuse sites and incinerators).
 - D. **Grounds** (includes grass, trees, sidewalks and parking compounds).
 - E. **Transportation** (includes any form of transportation infrastructure including roads, bridges, ditches and ferries).
 - F. **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.

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.

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	<i>Source: CAIS</i>
Asset No.	The four-digit number code assigned to all assets. <i>Source: Existing Assets - CAIS</i>
Asset Extension No.	Indicates how many assets have the same asset number. Each will have a different extension number. <i>Source for Old Assets: CAIS, Source for New Assets: INAC</i>
Class	Numeric code 0-9 that corresponds to an asset class. <i>Source: CAIS</i>
Sub-class	Code A-Z that corresponds to the asset sub-class. <i>Source: CAIS</i>
Reserve Name	Name of the reserve where the asset is located. <i>Source for Old Assets: CAIS, Source for New Assets: Band Administration</i>
Quantity	The quantity of the asset. <i>Source for Old Assets: CAIS, Source for New Assets: Band Administration</i>
Capital Cost	This includes the acquisition and construction cost. <i>Source: CAIS</i>
Description or Use of Asset	This is in order to match the asset code to the asset. <i>Source: CAIS</i>
Category	Five categories are available: A - Buildings B - Utilities C - Grounds D – Transport E - Vehicles <i>Source: CAIS</i>
Status of the Asset	Indicates whether asset has been added, deleted, or modified. If so, provide details.

**OPERATION AND MAINTENANCE OF INFRASTRUCTURE AND
EDUCATION ASSETS AND FACILITIES
CAPITAL ASSETS: COMPLETED ASSET CONDITIONS REPORTING SYSTEM (ACRS)
PROJECT ANNUAL REPORT**

As part of the 3 year ACRS inspections, the needs are identified to protect the health and safety of asset users, and either prolong the life or maintain the operation of the assets. The purpose of this report is to follow up on these important tasks.

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.

COMMUNITY-BASED HOUSING PLAN ANNUAL REPORT

**Community-based Housing Plan
Annual Report**

***Contact your INAC regional office.**

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.

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:



**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.

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.

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.

Certificate of Completion for Capital Projects

Check one:

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

First Nation Name and Number	
Reserve Name and Number	
Project Number	Funding Arrangement Number
Project Title	
<p>1. Check all that apply:</p> <p><input type="checkbox"/> All details of the project are resolved and there is no flaw, omission, uncompleted work, claim or outstanding payment.</p> <p><input type="checkbox"/> The "As Constructed" plans are available.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> The construction complies with all requirements of all applicable codes, standards and INAC Funding Arrangement.</p> <p><input type="checkbox"/> Official inspection report(s) or certificate(s) by qualified inspector(s) are attached.</p> <p>2. List or check the reports or supporting documents attached:</p> <p>e.g. <input type="checkbox"/> Fire commissioner (Human Resources Development Canada)</p> <p><input type="checkbox"/> Environmental Licence (Provincial)</p> <p><input type="checkbox"/> Health Canada (water, sewage, testing, etc.)</p> <p><input type="checkbox"/> Worker's Compensation (Safety and Labour Conditions)</p> <p><input type="checkbox"/> Survey and Soil Testing Reports, Concrete Testing Reports, etc.</p> <p><input type="checkbox"/> Substantial Completion Certificate as per provincial legislation (e.g. <i>the Construction Lien Act</i>)</p> <p><input type="checkbox"/> Certificate of Occupancy.</p> <p><input type="checkbox"/> Operator's certification for water/sewage treatment plants</p> <p><input type="checkbox"/> Environmental Mitigation Report, if required by Environmental Assessment</p> <p><input type="checkbox"/> Other(s), specify</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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

Signature of Project Manager or Person Authorized by the Band Council:	Date:
Received by INAC:	Date:

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.



Five Year Capital Plan – Annual Update

First Nations Name and Number						Fiscal year: 2006/07			Site Name and Number:						
type of capital project	Band Project #	Project Name and Description (more detail in Environmental Screening Reports <i>attached</i> or in a one page summary sheet/letter of intent)	type of capital project	ACRS Project? *	Priority Matrix Code*	Total Cost	Spent to Date 2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	Total INAC	Total Other (specify other source(s), e.g. own source revenue, other government department, non-government organization, and amount for each)	
														specify funding source(s)	\$
			<input type="checkbox"/> major <input type="checkbox"/> minor	<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> major <input type="checkbox"/> minor	<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> major <input type="checkbox"/> minor	<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> major <input type="checkbox"/> minor	<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> major <input type="checkbox"/> minor	<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> major <input type="checkbox"/> minor	<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> major <input type="checkbox"/> minor	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 site 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.

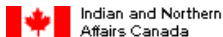


NATIONAL TEMPLATE FNRG 2006-2007

TAB I – OTHER GOVERNMENT DEPARTMENT PROGRAM REPORTING

Policing (Public Safety and Emergency Preparedness Canada (Solicitor General Canada))	2
Health Services Reporting and Auditing Guidelines (Health Canada).....	3

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Affaires indiennes
et du Nord Canada

Canada

POLICING funded by the Public Safety and Emergency Preparedness Canada (Solicitor General Canada) through the funding arrangements of Indian and Northern Affairs Canada, such as:

**Fixed Volume Financial Transfer Agreement (FTA) /
Canada/First Nations National Funding Agreement (CFNFA) /
DIAND/First Nations National Funding Agreement (DFNFA)**

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;
 - ⇒ 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).

DCI 460747 (2006-2007)



AUDITING AND REPORTING REQUIREMENTS FOR HEALTH SERVICES TRANSFER AGREEMENTS

Original: June 2000
Revised: February 2004

Health Canada / First Nations and Inuit Health Branch/
Business Planning and Management Directorate /
Health Funding Arrangements

AUDITING AND REPORTING REQUIREMENTS FOR HEALTH SERVICES TRANSFER AGREEMENTS

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Auditing and Reporting Requirements for Health Services Transfer Agreements

1 INTRODUCTION

Under a health funding arrangement, the accountability relationship between the First Nation/Inuit health authority 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 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 or health authority is to report on how and where funds have been spent and what community members are getting in return.

2 PURPOSE

The purpose of these requirements is to describe Health Canada's auditing and reporting requirements with respect to Health Services Transfer Agreements.

3 DEFINITIONS

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

"Audit" means an audit conducted by an independent accredited auditor, with an opinion expressed on:

- fairness of the financial statements;
- adequacy of financial controls in place; and
- compliance with the financial terms and conditions of the agreement with respect to the reporting requirements of First Nations and Inuit Health Branch (FNIHB).

"Recipient" means an organization that has entered into a Health Services 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. "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 Accepted Accounting Principles prepared by CGA-AFN Working Group).

"Fiscal Year (FY)" means the Recipient's fiscal year for the purpose of conducting an independent audit.

"Minister" means the Federal 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 initial inventory included in the health transfer arrangement.

"Region" means the office of the Regional Director, FNIHB, Health Canada.

4 REPORTING REQUIREMENTS

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

 Auditing and Reporting Requirements for Health Services Transfer Agreements

Canada:

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

4.1 Annual Audited Financial Report

Funds received from Health Canada must be audited by an independent accredited auditor. A financial audit of the health programs and services reports on the adequacy of financial controls and certifies that generally accepted accounting principles have been followed, and that the financial "Terms and Conditions" of the Agreement have been met. See Attachment 6.

The financial audit includes at a minimum:

- the auditor's opinion on the fairness of the Recipient's financial statements;
- balance sheet;
- a statement of Moveable Assets Reserve (MAR);
- combined statement of revenue, expenditures and accumulated surplus;
- *schedule of expenditure by program;
- cash flow statement;
- Notes to Financial Statements
- other schedules as required.

***Note: This schedule provides disclosure and visibility in the Recipient's audit report as to funds expended on health programs and services. Health Canada requests that the financial statement be broken down by program and First Nations should ask their auditor to do so. If their accounting system does not allow them to do it at this point, their accountant should be able to**

advise them how to modify their system in order to be able to produce a financial breakdown by program as required.

4.1.1 Transfer/Targeted Contribution Agreements

Where Transfer programs are consolidated with targeted programs within an agreement referred to as a Transfer/Targeted Agreement, the entire agreement must be audited.

4.1.2 Consolidated Audit Report

A consolidated report is an audit of the entire First Nation's operations including funding from all sources (i.e., federal, provincial, municipal, etc.). In these cases, sufficient details may not be available in the report to provide adequate disclosure or visibility on the financial situation of Health Canada programs. Therefore the auditor must provide supplementary information as part of the audit report:

- a schedule of expenditure by program, and,
- a statement of Moveable Assets Reserve (MAR)

to satisfy Health Canada's audit requirements.

4.2 Annual Report to Community Members

Under a Health Services Transfer 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 (CHP).

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 program and financial information, provide data

Auditing and Reporting Requirements for Health Services Transfer Agreements

on services, operations and results, as well as challenges and changes in members' health status. It will also explain any deviations from the Community Health Plan and include a copy of the Annual Audit report.

The Annual Report shall be made available to community members within one hundred and twenty (120) days following the end of the fiscal year. The Annual Report is usually prepared in time for the Recipient's Annual General Meeting (AGM).

4.3 Annual Report to the Minister

The Recipient shall, on an annual basis, and within one hundred and twenty (120) days of the end of each fiscal year, provide the Minister with the following:

- an audited financial 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.

4.4 Reports on Mandatory Programs

The Recipient will prepare reports on the provision of the following mandatory programs, if they are applicable, and included as part of the Health Services Transfer Agreement:

- Communicable Disease Control (immunization reports and communicable disease reports);
- Environmental Health (if applicable); and,
- Treatment Services (if applicable)

"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 Transfer Agreement. A copy of these Mandatory Reports are to be provided to the appropriate regional office and to provincial and/or federal authorities as required.

4.5 Evaluation Report

The evaluation report is designed to assess the effectiveness of the Health Transfer initiative, the effectiveness of community health programs and services, and to assist in determining any changes in the health status of community members. It provides valuable information to for the Recipient for planning new programs or modifying existing programs. This information includes any changes in the health status of the members of the community.

The Health Services Transfer Agreement requires that the Recipient complete an evaluation of its health programs and services for every five-year period of the Transfer initiative. The evaluation is conducted during the fourth year of the Transfer period. It is expected the report be submitted to FNIHB at least six months prior to the expiry date of the Transfer Agreement. To assist the Recipient 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 CHP must be updated regularly to reflect changes made to program priorities and objectives. The evaluation must be based on the current CHP.

Auditing and Reporting Requirements for Health Services Transfer Agreements

4.5.1 Summary of Reporting Requirements

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

5 AUDITING REQUIREMENTS

5.1 The Auditor's Contract

The Recipient will engage an individual or a firm for auditing services. The terms of the engagement will include:

- 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; and
- the conditions for additional audit or financial services to be provided.

Note: A copy of these Auditing and Reporting Requirements will be provided to the auditor to explain the auditing and reporting requirements of FNIHB.

5.2 Qualifications of the Auditor

The Recipient's auditor must be:

- independent and must not be an employee of the Recipient; and
- qualified and recognized by a member of an accounting body in the appropriate province or territory.

5.3 Auditor's Responsibilities

The Auditor will be responsible for:

- conducting the audit and prepare a report in accordance with generally accepted auditing standards of the Canadian Institute of Chartered Accountants (CICA) Handbook;
- providing an opinion (Attachment 6-2) on the Recipient's compliance with the financial

"Terms and Conditions" of the Agreement and to certify based on attest audits that:

- financial records and reports required under the Health Services Transfer Agreement were completed and were accurate;
- all resources expended were used in accordance with the terms and conditions of the agreement;
- the MAR has been used only for the purpose stated in the Agreement;

5.4 Recipient Responsibilities

The Recipient will be responsible for:

- accurately recording program information and financial transactions and preparing all reports and statements described above, in accordance with these requirements and the agreement;
- 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 regional office of FNIHB within one hundred and twenty (120) days following the end of the fiscal year; and
- making available to community members the financial audit report, and the Annual Report to community members.

5.5 Health Canada's Responsibilities

The FNIHB regional office is responsible for answering any questions concerning these requirements, and ensuring that the auditing

Auditing and Reporting Requirements for Health Services Transfer Agreements

requirements are well understood by Recipients and their auditors. Once an audit report is received, the region is responsible for:

- reviewing it, and ensuring that proper follow-up action is taken with respect to the opinion and observations expressed by the auditor;
- acknowledging the receipt of the audit report within 30 days of its receipt;
- communicating with the Recipient concerning the auditor's opinions and observations by providing feedback to the Recipient within 120 days of its receipt;
- developing a plan for corrective action with the Recipient, if required, and;
- monitoring on a regular basis, and through subsequent audits, determining if corrective action has been taken by the Recipient

5.6 Audit Default

In cases where the Recipient 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 Recipient, at the Recipient'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 Recipient 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 Recipient will reimburse the Minister for all costs incurred in having the audit conducted.

5.7 Audit Requirements Specific to FNIHB

5.7.1 Schedule of Expenditure by Program (Attachment 6-6)

This schedule will show that the health program expenditures for the fiscal year consistent with the program/services outlined in the Recipient's Community Health Plan. As such, for information purposes only, Attachment 2 lists the Programs/Services.

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

As a second option, Recipients may choose to use an alternative reporting format, see Attachment 6-5A. This alternative way of reporting the expenditures not only breaks down the expenses by program, but also combines the statement of revenue and accumulated surpluses, as well as a disclosure, of the funds received from other organizations and governments for health purposes.

5.7.2 Statement of Moveable Assets Reserve (MAR) (Attachment 1)

This statement describes the financial transactions which have affected the Moveable Assets Reserve (MAR) for the period audited. The following details are to be shown in the statement:

- opening balance in the Reserve;
- annual amount included in the Transfer Agreement for the Moveable Assets Reserve;

Auditing and Reporting Requirements for Health Services Transfer Agreements

- interest or other revenues generated from the Reserve;
- expenditures for new acquisitions and replacement of moveable assets during the year;
- closing balance in the Reserve.

Note: Resources for the replacement of moveable assets that have been transferred to a community, and which have the replacement value of \$1,000 or more, will be maintained and accounted for separately in Moveable Assets Reserve (MAR).

The MAR is used for the sole purpose of replacing the moveable assets over \$1,000, and the funds therein cannot be transferred to the operating base for the delivery of programs.

6 NON-FINANCIAL RESPONSIBILITIES

6.1 Recipient Responsibilities

- Update the Community Health Plan (CHP) on a regular basis to ensure that it reflects, at any point in time, existing program priorities and objectives of the community;
- ensure that the immunization reports have been sent to the Region;
- ensure that communicable diseases cases have been reported to provincial authorities and the regional office;
- secure the services of a Medical Health Officer (MHO) where these services are not provided by FNIHB (if applicable);
- verify that nurses are registered with their provincial nurses associations;
- verify that personnel providing Environmental Health Services are certified as Public Health Inspectors by the Board of Certification,

Canadian Institute of Public Health Inspectors.

6.2 Health Canada's Responsibilities

- Ensure that the Recipient has a Community Health Plan (CHP) which is updated on a regular basis to reflect changes to program priorities and objectives of the community
- where these services form part of the Transfer Agreement, ensure that the Recipient complies with the following requirements:
 - that the services of a Medical Health Officer (MHO) have been obtained where these services are not provided by FNIHB (if applicable);
 - that the nurses are properly registered with their provincial nurses associations;
 - that the Environmental Health Services are provided by qualified personnel.

7 OTHER ACCOUNTING INFORMATION

Inventory of Moveable Assets (Attachment 5)

This listing is a sample format of information for moveable assets and is to be maintained by the Recipient 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 Recipient. A complete "Inventory", by facility, of all moveable assets initially transferred to the Recipient is normally attached to the Health Services Transfer 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.

Auditing and Reporting Requirements for Health Services Transfer Agreements

To be consistent with sound financial management practices, the "moveable assets inventory" should be kept current by the Recipient.

Information on the inventory 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 "Inventory of Moveable Assets" report will be made available by the Recipient to the Recipient's auditor, for audit purposes.

Note: The "Inventory of Moveable Assets" need not be sent as a separate report to the Regional Offices, First Nations and Inuit Health Branch, since the Recipient's auditor will be reviewing the inventory as part of his audit responsibilities and will be expressing an opinion on the Recipient's accounting practices for moveable assets.

ATTACHMENT 1- Statement of the Moveable Assets Reserve (MAR)

Statement of the Moveable Assets Reserve (MAR)

Recipient: _____

FISCAL YEAR: 1999 /200__

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

ATTACHMENT 2 - List of Transferrable FNIHB Programs/Services

NOTE: This Attachment is a sample list of the major programs/services funded in the Transfer Agreement. It is provided to assist the Recipient in choosing an activity reporting format to complete the "Report on Health Expenditures". The Recipient should group the programs and services in accordance with the priorities and resources identified in the approved Community Health Plan.

- Brighter Futures
- Building Healthy Communities - Mental Health Crisis Management
- Building Healthy Communities - Solvent Abuse Program
- Canada Prenatal Nutrition Program (excluding Development Funds)
- Community Health Promotion and Injury/Illness Prevention
- Community Health Primary Care
- Dental Therapy
- Environmental Health Program
- Health Careers (excluding bursaries and scholarships)
- Health Services
- National Native Alcohol and Drug Abuse Program
- FNIHB Hospital Services

**Note: This list is subject to change based on policy decisions

ATTACHMENT 3 - Mandatory Programs and Their Reporting Requirements**Mandatory Programs and Their Reporting Requirements**

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

The community shall report to the Minister on the provision of mandatory programs, according to the following schedule:

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

* Include only if treatment services are part of the Transfer Agreement

ATTACHMENT 4 - Summary of Reporting Requirements**Summary of Reporting Requirements**

Report	Information Required	Method/Frequency of Reporting
Annual Report to Community Members	<ul style="list-style-type: none"> summary of programs and services data on services, operations and results challenges and changes in members health status explanations for deviations from the CHP audited financial report 	<ul style="list-style-type: none"> report from Health Authority available each year to the entire community and FNIHB within 120 days after the end of the Recipient's fiscal year (FY) copy as part of the Annual Report to the Minister
Reports on the Provision of Mandatory Programs	<ul style="list-style-type: none"> separate requirements for communicable disease control, environmental health and treatment services; details provided in CHP-3, Handbook 2. 	<ul style="list-style-type: none"> periodic reports to the provinces with copies to FNIHB as required by provincial and federal authorities for each mandatory program annual summary as part of the Annual Report to the Minister
Annual Audited Financial Report	<ul style="list-style-type: none"> auditor's opinion of Recipient's financial statements compliance with financial terms and conditions of Agreement report on revenues and expenditures report on Moveable Assets Reserve (MAR) Notes to Financial Statements 	<ul style="list-style-type: none"> report to FNIHB Regional Office within 120 days after the end of the Recipient's fiscal year copy as part of the Annual Report to the Minister and of the Annual Report to community members.
Annual Report to the Minister	<ul style="list-style-type: none"> includes copy of Annual Report to community members, a summary of reports on mandatory programs, and a copy of the audit report 	<ul style="list-style-type: none"> annually to FNIHB within 120 days after the end of the Recipient's fiscal year
Evaluation Report	<ul style="list-style-type: none"> evaluation to be conducted in accordance with the Evaluation Plan during 4th year of transfer period to allow completion of report at least 6 months prior to renewal assessment of the effectiveness of the health transfer initiative assessment of the effectiveness of community health programs and services determination of any changes in health status of community members 	<ul style="list-style-type: none"> report to community members and FNIHB for every 5-year period of transfer.

ATTACHMENT 6 - Sample Audited Financial Report for Health Services Transfer

SAMPLE

ATTACHMENT 6-1 - Sample Audited Financial Report for Health Services Transfer

Contents of Audit Report

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

SAMPLE

ATTACHMENT 6-2 - Auditor's Report

SAMPLE ONLY

**Dent and Associates
CHARTERED ACCOUNTANTS**

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

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

Auditor's Report

To the Board of the Sun First Nation

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

We conducted our 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 financial 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 financial terms and conditions were not met.

**Ottawa, Ontario
June 15, 2000**

Dent and Associates

Chartered Accountants

Auditing and Reporting Requirements for Health Services Transfer Agreements

ATTACHMENT 6-3 - Sample Balance Sheet

Sun First Nation
BALANCE SHEET
AS AT MARCH 31, 2000

ASSETS		
	2000	1999
CURRENT ASSETS		
Prepaid Expenses	\$ 10,500	\$ 9,800
Accounts receivable, Schedule 1	<u>\$ 389,500</u>	<u>\$ 385,700</u>
	<u>\$ 400,000</u>	<u>\$ 395,500</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable, Schedule 1	\$ 36,500	\$ 2,000
ACCUMULATED SURPLUS (DEFICIT)	276,000	\$ 320,000
MOVEABLE ASSETS RESERVE, Attachment 6-4	<u>\$ 87,500</u>	<u>\$ 73,500</u>
EQUITY AS AT MARCH 2000	<u>\$ 364,000</u>	<u>\$ 394,000</u>
	<u>\$ 400,000</u>	<u>\$ 395,500</u>

Approved By:

(Band Signing Authorities)

Auditing and Reporting Requirements for Health Services Transfer Agreements

ATTACHMENT 6-4 - Statement of Moveable Assets Reserve

Sun First Nation

STATEMENT OF MOVEABLE ASSETS RESERVE

FOR THE PERIOD ENDING MARCH 31, 2000

	2000	1999
BALANCE AT BEGINNING OF YEAR	\$ 73,500	\$ 50,500
AMOUNT PROVIDED IN AGREEMENT FOR MAR	<u>\$ 16,000</u>	<u>\$ 17,000</u>
	\$ 89,500	\$ 67,500
REVENUES GENERATED	\$3,000	
EXPENDITURES (ACQUISITIONS and REPLACEMENTS)	\$5,000	<u>\$ 6,000</u>
BALANCE AT END OF YEAR	<u>\$ 87,500</u>	<u>\$ 73,500</u>

SAMPLE

Auditing and Reporting Requirements for Health Services Transfer Agreements

ATTACHMENT 6-5 - Sample Combined Statement of Revenue, Expenditure and Accumulated Surplus/Deficit

Sun First Nation

COMBINED STATEMENT OF REVENUE, EXPENDITURE AND ACCUMULATED SURPLUS/DEFICIT

FOR THE PERIOD ENDING MARCH 31, 2000

	2000	1999
REVENUE		
Health Services Transfer	\$ 875,500	\$ 834,500
Other	<u>\$ 10,500</u>	<u>\$ 5,500</u>
	<u>\$ 886,000</u>	<u>\$ 840,000</u>
EXPENDITURE, Attachment 6-6		
Administration	\$ 165,000	\$ 98,000
Health Authority Management	\$ 395,000	\$ 400,000
Health Centre Operation	52,000	\$ 61,000
Building Operation and Maintenance	135,000	\$ 140,000
Community Health Programs	\$ 113,000	\$ 110,000
Building Healthy Communities	\$ 45,000	\$ 47,000
Health Transfer Evaluation	<u>\$ 25,000</u>	—
	<u>\$ 930,000</u>	<u>\$ 856,000</u>
EXCESS REVENUE (EXPENDITURE)	(44,000)	(16,000)
ACCUMULATED SURPLUS AT BEGINNING OF YEAR	<u>320,000</u>	<u>336,000</u>
ACCUMULATED SURPLUS AT END OF YEAR	<u>\$ 276,000</u>	<u>\$ 320,000</u>

Auditing and Reporting Requirements for Health Services Transfer Agreements

ATTACHMENT 6-6 - Sample Schedule of Expenditure

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
Employees' benefits	\$ 11,000	\$ 9,500	\$ 9,400
Staff bonuses	\$ 14,000		\$ 2,000
Travel	\$ 34,000	\$ 37,000	\$ 9,000
Office supplies	\$ 17,000	\$ 18,000	\$ 4,000
Insurance	\$ 3,000	\$ 4,000	\$ 2,500
Audit fees	\$ 6,000	\$ 5,375	\$ 4,000
Bank charges	\$ 100	\$ 125	\$ 100
Miscellaneous	<u>\$ 9,000</u>		
	<u>\$ 190,100</u>	<u>\$ 165,000</u>	<u>\$ 98,000</u>
HEALTH AUTHORITY MANAGEMENT			
Moon Tribal Council	\$ 415,000	\$ 380,000	\$ 385,000
Earth Tribal Council	<u>\$ 5,000</u>	<u>\$ 15,000</u>	<u>\$ 15,000</u>
	<u>\$ 420,000</u>	<u>\$ 395,000</u>	<u>\$ 400,000</u>
HEALTH STATION OPERATION			
Telephone	\$ 10,000	\$ 10,500	\$ 12,000
Supplies	\$ 22,500	\$ 30,200	\$ 34,500
Equipment	\$ 8,000	\$ 6,500	\$ 7,500
Sundry	\$ 5,000	\$ 3,000	\$ 5,500
Vehicle	\$ 9,000	\$ 7,000	\$ 1,500
Educational material	<u>\$ 10,500</u>	<u>\$ 11,000</u>	<u>\$ 11,000</u>
	<u>\$ 66,000</u>	<u>\$ 64,200</u>	<u>\$ 61,000</u>
BUILDING OPERATION AND MAINTENANCE			
Caretaker and janitorial	\$ 49,000	\$ 51,000	\$ 48,000
Hydro	\$ 52,000	\$ 63,000	\$ 60,000
Insurance	\$ 10,000	\$ 8,000	\$ 11,000
Fuel	\$ 10,000	\$ 4,000	\$ 11,000
Supplies	\$ 5,000	\$ 6,000	\$ 4,000
Casual labour	\$ 2,000	\$ 2,500	\$ 1,500
Repairs and maintenance	\$ 1,500	\$ 500	\$ 3,100
Sundry	<u>\$ 4,500</u>	<u>\$ 500</u>	<u>\$ 1,400</u>
	<u>\$ 134,000</u>	<u>\$ 135,000</u>	<u>\$ 140,000</u>
COMMUNITY HEALTH PROGRAMS			
Community health representatives	\$ 30,000	\$ 32,000	\$ 29,000
Referral clerks	\$ 27,000	\$ 27,000	\$ 31,000
Alcohol and drug abuse	\$ 17,000	\$ 20,000	\$ 19,000
Public Health worker	<u>\$ 26,000</u>	<u>\$ 34,000</u>	<u>\$ 31,000</u>
	<u>\$ 100,000</u>	<u>\$ 113,000</u>	<u>\$ 110,000</u>
BUILDING HEALTHY COMMUNITIES			
Resource coordinator	\$ 29,000	\$ 20,000	\$ 26,500
Mental health worker	<u>\$ 21,500</u>	<u>\$ 25,000</u>	<u>\$ 20,500</u>
	<u>\$ 50,500</u>	<u>\$ 45,000</u>	<u>\$ 47,000</u>
HEALTH TRANSFER EVALUATION			
	<u>\$ 15,000</u>	<u>\$ 25,000</u>	<u>\$ 25,000</u>
TOTAL EXPENDITURE	<u>\$ 950,100</u>	<u>\$ 930,000</u>	<u>\$ 856,000</u>

Funds from other Sources (for information only)

Aboriginal Healing Foundation \$10,500

ATTACHMENT 6-5A - Alternative to 6-5 Combined Statement of Revenue, Expenditure & Accumulated Surplus/Deficit

Sun First Nation

Statement of Revenue and Expenditures and Accumulated Surplus/Deficit

For the Year ending March 31, 2000

	Administration	Community Health Programs	Building Healthy Communities	Health Transfer Evaluation	Health Station Operations	Building Operations & Maint.	Health Authority Mang.	Healing Program	Total
REVENUE									
Health Services Transfer	\$17,000	\$86,000	\$40,000	\$15,000	\$40,500	\$12,400	\$400,000		\$875,500
Other								\$10,500	\$10,500
TOTAL	\$17,000	\$86,000	\$40,000	\$15,000	\$40,500	\$12,400	\$400,000	\$10,500	\$886,000
EXPENSES									
Wages & Benefits	\$100,500	\$113,000	\$45,000			\$53,500	\$395,000		\$707,000
Travel	\$37,000								\$37,000
Supplies	\$18,000				\$7,700	\$6,000			\$61,700
Utilities					0,500	\$6,000			\$77,500
Repairs & Maintenance						\$500			\$500
Insurance	\$4,000				\$400	\$8,000			\$12,400
Audit Fees	\$5,375								\$5,375
Bank Charges	\$125								\$125
Miscellaneous					\$3,400				\$3,400
Evaluation				\$25,000					\$25,000
TOTAL	\$165,000	\$113,000	\$45,000	\$25,000	\$52,000	\$135,000	\$395,000	\$10,500	\$930,000
Excess Revenue (Expenditure)	\$5,000	(\$27,000)	(\$5,000)	(\$10,000)	(\$11,500)	(\$11,000)	\$5,000	\$10,500	(\$44,000)
Accumulated Surplus at beginning of year									\$320,000
Accumulated Surplus at end of year									\$276,000

Funds from other sources (for information only)

Aboriginal Healing Foundation \$10,500

ATTACHMENT 6-7 - Sample Cash Flow Statement

Sun First Nation

CASH FLOW STATEMENT

FOR THE PERIOD ENDED MARCH 31, 2000

CASH FLOW FROM OPERATING ACTIVITIES	2000	1999
Excess Expenditure	\$(44,000)	\$ (16,000)
Net changes in non-cash working capital balances related to operations		
Accounts receivable	\$ 69,900	\$ (51,700)
Accounts payable and accrued liabilities	\$ 34,500	\$ 300
Due from Moon Tribal Council - administration	<u>\$ (76,000)</u>	<u>\$ 57,000</u>
	\$ (15,600)	\$ (10,400)
CASH FLOW FROM INVESTING ACTIVITIES	<u>\$ 15,600</u>	<u>\$ 10,400</u>
CASH POSITION AT END OF YEAR	<u>\$ 0</u>	<u>\$ 0</u>

SAMPLE

ATTACHMENT 6-8 - Notes to Financial Statements**SAMPLE ONLY****Notes to Financial Statements****1. SIGNIFICANT ACCOUNTING POLICIES****1.01 Organization**

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

1.02 Capital Assets

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

1.03 Incomplete Projects

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

1.04 Revenue and Expenditure

Revenue is recognized on the accrual basis over the period which it is intended to be spent. When a project or program extends beyond the fiscal year end, revenues and expenditures are accrued as incurred to the year end date and the results thereon are included in fund balance, except in case of incomplete projects as describe 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 Transfer 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 6-9 - Sample Schedule 1 - Receivables and Payables

Sun First Nation

SCHEDULE OF ACCOUNT RECEIVABLE AND ACCOUNT PAYABLE

MARCH 31, 2000

ACCOUNTS RECEIVABLE

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

ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

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

SAMPLE



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
Management Report

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

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

b. Other Information:

- ▶ Data Report for Pension Plan Funding, 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

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

Canada

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Indian Registration

a. Minimum Program Requirements:

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

Yes No

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

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Elementary/Secondary (E/S) Education

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

b. Policy Changes: Have any significant policy changes been made over the past year? **Yes No**

If yes, please identify on an attached page.

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

▶ Registered Indian students 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:

Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

Canada

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Post-Secondary Education (PSE)

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

b. Policy changes: Have any significant policy changes been made over the past year? **Yes No**

If yes, please identify on an attached page.

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

▶ Defined eligibility criteria. **Yes No**

▶ Formally available and publicly available benefits schedule. **Yes No**

▶ An established appeals process. **Yes No**

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

d. Other Information: 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

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Social Development

- a. Program Policies of the Council:** Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- b. Policy Changes:** Have any significant policy changes been made over the past year? **Yes No**
If yes, please identify on an attached page.
- c. Minimum Program Requirements:** Do programs for basic/special needs, individual and family care and adult care fully comply with the following requirements?
- ▶ An objective needs test. **Yes No**
 - ▶ A formally defined and publicly available benefits schedule specifying rates, conditions and criteria for eligibility. **Yes No**
 - ▶ Provisions for the equitable treatment of all reserve residents. **Yes No**
 - ▶ Impartial process for the appeal of administrative decisions. **Yes No**
 - ▶ Procedures to ensure confidentiality of client information. **Yes No**
- If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.
- d. Other Information:** Data reports for 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:

Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

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

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

Information provided here confirmed as correct by:

Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Economic Development

a. Other Information:

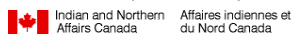
- ▶ Community Economic Development Report and a Community Economic Development Operational Plan shall be submitted by the council to DIAND (Refer to Tab G: Economic Development).

Information provided here confirmed as correct by:

Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154



**FTA/CFNFA/DFNFA
Management Report**

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).
- b. Policy Changes:** Have any significant policy changes been made over the past year? **Yes No**
If yes, please identify on an attached page.
- c. Minimum Program Requirements:** Operation and maintenance of community infrastructure and education facilities is carried out in accordance with the following:
- ▶ Band capital assets are recorded in an inventory of band assets. **Yes No**
 - ▶ Performance/level of service standards are identified for all assets. **Yes No**
 - ▶ Minimum maintenance activities are planned for all assets. **Yes No**
 - ▶ All activities are assigned to a responsible person to ensure their completion. **Yes No**
 - ▶ A record is kept of all maintenance activities performed. **Yes No**
- If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.
- d. Additional Information:** Data Reports for Facilities Operations and Maintenance shall be submitted by the council to DIAND (Refer to Tab H: Community Infrastructure).

Information provided here confirmed as correct by:

Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
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 No**
If yes, please identify on an attached page.
- c. Minimum Program Requirement:** Are projects implemented in accordance with the following generally accepted capital management principals?
- ▶ All projects have a well-defined and formally approved scope of work, schedule and budget. **Yes No**
 - ▶ A qualified project manager is appointed for all projects. **Yes No**
 - ▶ Feasibility studies are carried out when deemed necessary by the council. **Yes No**
 - ▶ All new facilities are designed to meet code requirements in accordance with the alternative Funding Agreement (AFA). All designs for projects having a total estimated cost of more than \$50,000, or not normally within the competence of a technician/technologist bear the stamp of a professional engineer or architect. **Yes No**
 - ▶ All projects are inspected and certified for compliance with code requirements by qualified inspectors. **Yes No**
 - ▶ All housing construction are inspected by CMHC-designated inspectors for compliance with code requirements at the following stages: site, foundation, framing and insulation and completion. **Yes No**
 - ▶ Does the council have a policy on the use of a competitive tendering process to ensure best value, prudence, probity and sound contract management. **Yes No**

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

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

Information provided here confirmed as correct by:

Name	Signature
Date	Title

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Fire Protection

- a. Program Policies of the Council:** Please identify the program delivery policies the council has adopted and is applying (on a separate piece of paper by referencing the name and date of the policy or by providing a brief description).
- b. Policy Changes:** Have any significant policy changes been made over the past year? **Yes No**
If yes, please identify on an attached page.
- c. Minimum Program Requirement:** Are fire protection services being provided on reserve as intended? **Yes No**

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

Information provided here confirmed as correct by:

Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

Canada

FTA/CFNFA/DFNFA
Management Report

Recipient Name: _____
Agreement No: _____

Policing (funded by the Solicitor General of Canada)

- a. **Program Policies of the Council:** Please identify the program delivery policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- b. **Policy Changes:** Have any significant policy changes been made over the past year? **Yes No**
If yes, please identify on an attached page.
- c. **Minimum Program Requirements:** Have all constables employed received and maintained certification from the RCMP or appropriate provincial authority (please specify provincial authority _____)? **Yes No**
If a "no" is answered, please identify on an attached page, the problem(s) being encountered and any corrective action being taken.
- d. **Other Information:** Data report for Policing shall be submitted by the council to DIAND (Refer to Tab I: Other Program Reporting).

Information provided here confirmed as correct by:

Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

Canada

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Health Services Canada Transfer Agreements(funded by Health Canada)

- a. Program Policies of the Council:** Please identify the policies the council has adopted and is applying (on an attached piece of paper by referencing the name and date of the policy or by providing a brief description).
- b. Policy Changes:** Have any significant policy changes been made over the past year? **Yes No**
If yes, please identify on an attached page.
- c. Minimum Program Requirements:** If a "no" is answered for any of the following questions, please identify on a separate page the problem(s) being encountered and any corrective action being taken.

Community Health Services

- ▶ Were the communicable disease control immunization levels maintained according to provincial/federal schedules? **Yes No N/A**
- ▶ Were the communicable diseases reported as required by provincial/federal legislation? **Yes No N/A**
- ▶ Were the federal/provincial authorities notified within 24 hours of a disease with epidemic potential? **Yes No N/A**

Treatment Services

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

Environmental Health and Surveillance

- ▶ Do environmental health services meet provincial/federal environmental standards? **Yes No N/A**
- ▶ Was the Minister of National Health and Welfare notified within 24 hours of the existence of any identified environmental hazards? **Yes No N/A**

Emergency Preparedness Plan

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

Stocked Drugs

- ▶ Has the council entered into a contractual arrangement with a pharmaceutical firm for the purchase of its drugs and medical stocks? **Yes No N/A**
- ▶ Has the council managed the purchase, control, dispensing and disposal of stocked narcotics and controlled drugs in accordance with the appropriate regulations of the *Narcotics Control Act* and the *Food and Drug Act*? **Yes No N/A**

**FTA/CFNFA/DFNFA
Management Report**

Recipient Name: _____
Agreement No: _____

Liability Insurance

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

Confidentiality

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

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

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

Information provided here confirmed as correct by:

Name	Signature
Date	Title

DCI 460764 (2006-2007)

TPMS RR CODE: 0154

Canada