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**Application Form for**

**First Citizens Fund**

**Friendship Centre Program**

Fiscal 2020/2021

BC Association of Aboriginal Friendship Centre

551 Chatham Street Victoria, BC V8T 1E1

Phone: 250-388-5522 Toll Free 1-800-992-2432

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## BC Association of Aboriginal Friendship Centres

First Citizens Fund –Friendship Centre Program

**The Initiative**

The purpose of the Initiative is to support Aboriginal community cultural, economic and educational development.

The objective is “***To assist Friendship Centres to deliver a range of social, recreational and cultural programming to Aboriginal people living in urban areas.”***

The recipient will provide an annual application provided by the Association that outlines the programs delivered.

At the project end, the recipient will provide an annual narrative, success stories, photos and statistical report on the Friendship Centre and the programs delivered.

**Section 1: Organization**

|  |  |
| --- | --- |
| Application For Fiscal: |  |
| Legal Name of Organization: |  |
| Street Address: |  |
| City: |  |
| Province/Territory: |  |
| General Phone Number: |  |
| Fax Number: |  |
| Website: |  |
| Executive Director: |  |
| Executive Director Email: |  |
| Program Director: |  |
| Program Director Email: |  |
| Bookkeeper |  |
| Bookkeeper Email: |  |

**Section 2: Programs, Projects and Services**

Please only answer in reference to the First Citizens Fund –Friendship Centre Program

|  |  |
| --- | --- |
| **Program Name** | *Friendship Centre Program* |
| **Funding Source** | *BCAAFC* |
| **Funding Type** | *Provincial* |
| **Number of Clients** |  |
| **Program Points of Service** |  |
| **Program Type:** | |
| **Children  Employment  Health** | **Sports and Recreation** |
| **Community  Elders  Housing** | **Social Economy** |
| **Cultural  Event Community  Justice** | **Volunteer** |
| **Education  Event Hosted  Literacy** | **Youth** |
| **Economic Development  Family  Language** | **Other** |
|  |  |
| **Please give a brief narrative on how this funding will help support your Friendship Centre.** | |
| Please include details such as funded position, or program/activities this funding will support. | |
| **ANSWER:** | |
| [answer here] | |
| **Start Date** |  |
| **End Date** |  |
| **Program Status** | Active  Inactive |

**Section 3: FCF-FCP Expenditure**

|  |  |
| --- | --- |
| **First Citizens Fund - Friendship Centre Program** | |
| INSERT FC | |
| Fiscal: |  |
| **Budget Items** | **Approved Budget** |
| Salaries and Benefits |  |
| Professional Services/Consulting Fee |  |
| Meeting Space |  |
| Training |  |
| Travel |  |
| Program Supplies |  |
| **TOTAL EXPENSES** | **$0.00** |

\*For application purposes only. Actual ‘Approved Budget’ will be determined after the application process and may differ from the above figures.

**Section 4: Certification and Authentication of FCF-Friendship Centre Program Annual Report**

By signing this page, I certify that all the contents of this report are accurate, true and complete.

|  |  |
| --- | --- |
|  |  |
| Executive Director Name (Please Print) | Executive Director Signature |
|  |  |
| Date |  |