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**Urban programming for Indigenous peoples**

Annual Action Plan

Organizational Capacity

Fiscal 2020/2021

The Organizational Capacity Annual Action Plan is intended to guide senior management, supported by its Board of Directors, to continually evaluate its organization to implement best management practices. The Annual Action Plan is a management tool that will guide senior management in achieving its annual goals for continuous organizational improvement while involving the Board of Directors in its role as a director and strategic decision-making.

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| **Applicant Organization** | Fiscal: | 2021 |
| Legal Name of Organization |  |  |
| Incorporation Type (Federal, Provincial or Other) |  |  |
| Incorporation Date |  |  |
| Incorporation Number |  |  |
| Charitable Number: |  |  |
|  |  |  |
| **Contact Info** |  |  |
| Executive Director Name: |  |  |
| ED Office Phone: |  |  |
| ED Cell Phone Number: |  |  |
| Contact Email: |  |  |
|  |  |  |
| Secondary Contact Name: |  |  |
| Secondary Contact Job Title: |  |  |
| Secondary Contact Phone Number: |  |  |
| Secondary Contact Email: |  |  |
|  |  |  |
| Main Building Street: |  |  |
| Main Building PO Box: |  |  |
| Main Building City: |  |  |
| Main Building Postal Code: |  |  |
| General Centre Phone: |  |  |
| General Centre Fax: |  |  |

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| **Section 1 : Governance**  **List 3 specifics objectives related to the governance of your organization** | | | |
| **Specific objective** | **Desired changes** | **Expected results** | **Indicators** |
| ex. Increase size of board/interested members. | ex. Increase community participation on the board and in board meetings through active recruitment. | ex. The board becomes better equipped to guide centre direction and relevant decision making. | ex. Board meeting attendance increases. |
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| **Section 2 : Community Engagement**  **List 3 specific objectives related to the community sense of your organization** | | | |
| **Specific objectives** | **Desired changes** | **Expected results** | **Indicators** |
| ex. Increase the membership of the centre. | ex. Engage with clients and service users informing them of purpose and importance of engaging as a member. | ex. Clients will become membership. | ex. 1) increase of membership numbers.  2) Increase of membership fees. |
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| **Section 3 : Improved Centre Programming/Services** | | | |
| **List 3 specific objectives to improve or develop services for members and users of your organization** | | | |
| **Specific objectives** | **Desired changes** | **Expected results** | **Indicators** |
| ex. Develop new personalized services for pregnant women | ex. Improve the healthy lifestyles of pregnant Indigenous women | ex. Pregnant Indigenous women adopt healthy lifestyle habits during pregnancy | ex. 15 pregnant Indigenous women follow the program |
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| **Section 4: Administration and Funding**  **List 3 specific objectives** to improve the financial stability, and/or the administrative efficiency of the Friendship Centre | | | |
| **Specific objectives** | **Desired changes** | **Expected results** | **Indicators** |
| ex. Stronger financial reporting centre wide. | ex. Financial policies and procedures are developed. | ex. Every financial transaction has a process that all staff are aware of and follow. | ex. All financial statements reconcile monthly. |
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| **REVENUE** | |  | |  |
| **Please list all sources of funding the Centre anticipates to receive this fiscal year.** | | |  |  |
| Organizational Capacity |  | |  |  |
| Federal, Provincial, Municipal |  | |  |  |
| Fundraising |  | |  |  |
| Membership Fees |  | |  |  |
| Other |  | |  |  |
|  |  | |  |  |
| **TOTAL REVENUE** | **$0.00** | |  |  |
|  |  | |  |  |
| **EXPENSES** |  | |  |  |
| **Budget Items** | **Portion Covered by Organizational Capacity Stream** | | **Portion Covered by Other Sources** | **Total** |
| **Salaries and Benefits** |  | |  |  |
| Executive Director |  | |  |  |
| Receptionist, **or** |  | |  |  |
| Executive Assistant |  | |  |  |
| Financial Person - Portion of salary |  | |  |  |
| Program Director - Portion of salary |  | |  |  |
| **Organizational Capacity Expenses** |  | |  |  |
| Banking Fees |  | |  |  |
| Building Maintenance and Repair |  | |  |  |
| Equipment Rental or Purchase (up to $5,000) |  | |  |  |
| Insurance |  | |  |  |
| IT Support |  | |  |  |
| Office Rent or portion of Mortgage |  | |  |  |
| Office Supplies |  | |  |  |
| Portion of the cost of the audit |  | |  |  |
| Property Tax |  | |  |  |
| Telephone/Fax |  | |  |  |
| Training for Professional Development |  | |  |  |
| Travel (international travel is ineligible) |  | |  |  |
| Utilities |  | |  |  |
| **TOTAL** | **$0.00** | | **$0.00** | **$0.00** |

**\*This budget is for application purposes only and does not represent the approved budget for the upcoming fiscal funding allocation amount.**

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| Financial Commentary: Please provide any additional details regarding the budget. If travel in Canada was done, please provide details here: |
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**Friendship Centre Name**

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Executive Director Date

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| --- | --- |
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Witness for Friendship Centre Date