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Urban Programming for Indigenous Peoples

**FINAL REPORT**

Organizational Capacity Funding Stream

Fiscal 2020



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**Section 1: Recipient Organization & Contact Information**

**Please see Tab 1 of your FCM Statistics Report for completing this section.**

|  |  |
| --- | --- |
| **Applicant Organization** |  |
| 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: |  |

**Section 2: Organizational Capacity Activities**

|  |
| --- |
| **Please complete the following sections. Expand the sections as needed.** |
| **\*Expectation that the below responses will fill between one and two pages.** |
| **Identify the main activities/outcomes/successes that came about because of Organizational Capacity funding during April 1st, 2019 to March 31st, 2020** |
| **ANSWER:** |
| **[answer here]** |
| **Identify expenditures funded under the Organizational Capacity funding stream during the fiscal year April 1st, 2019 to March 31st, 2020.** |
| **ANSWER:** |
| **[answer here]** |
| **How did this funding support/improve/increase existing programs and services?** |
| **ANSWER:** |
| **[answer here]** |
| **How did Organizational Capacity funding facilitate the creation of new partnerships in the community?** |
| **ANSWER:** |
| **[answer here]** |

**Section 3: New Partnerships**

**List new partnerships forged during the last fiscal.**

**Please see Tab 6 of your FCM Statistics Report for completing this section; partnerships with duration of <1 only.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Name** | **Activity** | **Type of Partnership** | **Type of formalization** | **Contribution Type** | **Contribution Amount** | **Identify biggest challenges in partnership development** | **Briefly explain the partnership relationship including contribution type, level of accountability** |
|  |  |  |  |  |  |  |  |
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**Section 4: Organizational Capacity Budget**  
**Please see Tab 9 of your FCM Statistics Report for completing this budget.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  | $0.00 |
| Receptionist, **or** |  |  | $0.00 |
| Executive Assistant |  |  | $0.00 |
| Financial Person - Portion of salary |  |  | $0.00 |
| Program Director - Portion of salary |  |  | $0.00 |
| **Organizational Capacity Expenses** |  |  |  |
| Banking Fees |  |  | $0.00 |
| Building Maintenance and Repair |  |  | $0.00 |
| Equipment Rental or Purchase (up to $5,000) |  |  | $0.00 |
| Insurance |  |  | $0.00 |
| IT Support |  |  | $0.00 |
| Office Rent or portion of Mortgage |  |  | $0.00 |
| Office Supplies |  |  | $0.00 |
| Portion of the cost of the audit |  |  | $0.00 |
| Property Tax |  |  | $0.00 |
| Telephone/Fax |  |  | $0.00 |
| Training for Professional Development |  |  | $0.00 |
| Travel (international travel is ineligible) |  |  | $0.00 |
| Utilities |  |  | $0.00 |
| **TOTAL** | **$0.00** | **$0.00** | **$0.00** |

**Section 5: OCS Stories & Photos**

|  |
| --- |
| **Please complete the following sections. Expand the sections as needed.** |
| **Success Story One:** |
| [answer here] |
| **Success Story Two:** |
| [answer here] |
| **Success Story Three:** |
| [answer here] |
| **Success Story Four:** |
| [answer here] |
| **Success Story Five:** |
| [answer here] |

#### NOTE: Additional Reporting Required:

* 3-5 photos pertaining to success story activities carried out as part of this funding.
  + Photos must be submitted as .jpg or .png files only.
  + Name photos appropriately ex: BCAAFC\_EldersLunch\_ProCap2020.png
* Cashflow showing actual expenditure of funds from April 1, 2019 – March 31, 2020
* General Ledger showing actual expenditure of funds from April 1, 2019 – March 31, 2020

**Section 6: Signature**

By signing this page, I affirm that the information in this report is accurate, and complete. I agree to submit an annual audited financial statement that will show all sources of funding received including a separate Project Schedule of Revenue and Expenses showing the actuals of this funding.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signing Authority | | | | | |
| Friendship Centre: |  | | | | |
| First Name | | Last Name | | | Title |
|  | |  | | |  |
|  | |  | | |  |
| Signature |  |  |  |  | Date (dd-mm-yyyy) |
|  | | | | |  |
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For more information or questions please contact the Programs team by email at [reporting@bcaafc.com](mailto:reporting@bcaafc.com) or by phone at 250-388-5522