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Urban Programming for Indigenous Peoples

**FINAL REPORT**

Program & Services Project Funding Stream

Fiscal 2020

The activities and outputs of the Programs and Services funding stream are to support investments in projects which support transitions to cities from reserves and northern and remote communities, and which attract additional investments to increase participation in the economy. Programs and Services initiatives and projects eligible for funding support are:

* Projects that support new and existing general programs and services that serve urban Indigenous peoples that address locally-identified issues, provided that they are not already
* funded or eligible to be funded by other departments or governments.
* Funding will be eligible in six key areas including:
1. women (such as projects to help women transition out of shelters)
2. vulnerable populations (such as projects for persons with addictions, disabilities, seniors)
3. youth (such as projects that provide land-based activities, mentoring)
4. transition services (such as navigator services)
5. outreach programs (such as cultural awareness training for non-Indigenous organizations)
6. community wellness (such as housing plans or studies, anti-racism, pre-employment supports)

The Programs and Services provides funding support for projects. Funding provided to projects must be for specific activities and is not to be used to support an organization's ongoing operations, is not intended to supplement a shortage of funding under another program or initiative of any order of government, or support an already successful program or initiative, especially as a repetitive delivery offering.

Investments made through the Programs and Services funding stream will reduce barriers, whether real or perceived, to urban Indigenous peoples’ participation in the society by achieving one or more of the following expected results:

* Urban Indigenous community groups and organizations have enhanced capacity to be self-reliant in seeking meaningful partnerships with traditional and non-traditional partners;
* Partners collaborate on policy, program, planning and projects towards improving socio-economic conditions for urban Indigenous peoples, with a focus on Indigenous youth;
* Projects enable and empower urban Indigenous peoples to access available culturally appropriate programs and services;
* Projects ease Indigenous peoples’ transitions to urban centres from reserves and northern and more remote communities;
* Projects attract additional investments and leverage resources, infrastructure and supports available to urban Indigenous peoples.

## For additional information on the UPIP or for assistance in filling the application, please contact:

By email: reporting@bcaafc.com

By phone: 250 388 5522

**Section 1: Project Information**

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| --- |
| **Friendship Centre Information** |
|  |  | **Fiscal:** | **insert fiscal here** |
| Organization: |   |
| Contact: |   |
| Address: |   |
| Phone Number: |   |
| Email: |   |
| Fiscal Year: |   |
| Key Project Area: | Choose an item. |
| Project Title: |   |
| Start Date: |   |
| End Date: |   |
| Total P&S Funds: |   |
| # of Participants: |   |
| # of Women: |   |
| # of Youth: |   |
| # of Vulnerable Persons: |   |
| # of Program Activities: |   |

**Section 2: Programs and Services Final Report**

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| **Please complete the following sections. Expand the sections as needed.** |
| **How did your project meet the objective or priority areas of the funding**  |
| **(TIP –** be expansive here – why were the goals important, how did meeting the funding goals help your community, participants, and Centre. Speak to the need in your community that this funding addressed, and how being able to address that need helped**)** |
|  |
| **ANSWER:** |
|  |
| **Please provide details on how your project ran (timeline/roll-out,** *even if you attach a calendar, you still must list the timeline including the administrative/program management process***)** |
| **(TIP:** Questions to answer consider for this section include – How did you advertise your project, how were clients recruited, what were 5-6 highlights of the project, How did you ensure you were sticking to timeline, what impact did this funding have on your Centre and your community**)** |
|  |
| **ANSWER:**  |
|  |
| **How many clients were satisfied with the services they received from this funding?** |
| **ANSWER:** |
|  |
| **Two Success stories demonstrating client satisfaction or positive impacts of project.** |
| **Success Story One:** |
|  |
| **Success Story Two:** |
|  |

**Section 3: Programs and Services Budget and Contributions**

|  |  |  |  |
| --- | --- | --- | --- |
| Salaries and Benefits  |   |   |   |
| Position Title | Wage / Hour | Weekly Hours |   |
|   |   |   | $0.00 |
|   |   |   | $0.00 |
|   |   |   | $0.00 |
|   |   |   | $0.00 |
|   |   |   | $0.00 |
| Eligible Program Expenses |   |   |   |
| Professional Fees |   |   | $0.00 |
| Elder Honourarium |   |   | $0.00 |
| Travel & Transportation (BC only) |   |   | $0.00 |
| Meetings |   |   | $0.00 |
| Hospitality |   |   | $0.00 |
| Training & Development |   |   | $0.00 |
| Equipment |   |   | $0.00 |
| Facilities |   |   | $0.00 |
| Communications |   |   | $0.00 |
| Materials & Supplies |   |   | $0.00 |
| Volunteer Participation Expenses |   |   | $0.00 |
| Program Expense Totals |   |   | $0.00 |
| ADMINISTRATION COSTS - up to 7% |   |   |   |
| Management Oversight - a portion of costs of an administrator or staff time required to support project |   |   |   |
| Please provide breakdown |   |   |   |
| 1) | $0.00 |
| 2) | $0.00 |
| Overhead - a portion of the organizational overhead and/or infrastructure costs applied to supporting project |   |   |   |
| Please provide breakdown |   |   |   |
| 1) | $0.00 |
| 2) | $0.00 |
| Finance/Audit - costs for preparing financial and other reporting documents required to be compliant with agreement |   |   |   |
| Please provide breakdown |   |   |   |
| 1) | $0.00 |
| 2) | $0.00 |
| Administration Total | $0.00 |
| TOTAL EXPENSES |   |   | $0.00 |

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| **Contribution Financial Summary (funding provided from all sources: Federal, Provincial/Territorial and Other.**  |
| **Contributor Name** | **Amount $** |
| *Financial* | *In-Kind* |
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|   |   |   |
| **Contributions Total** | **$0.00** | **$0.00** |
| **Contribution Funding Grand Total** | **$0.00** |

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| --- | --- |
| **Carry Forward Request**  | **$0.00** |

**Section 4: Programs Delivery Feedback**

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| **Please complete the following sections. Expand the sections as needed.** |
| **What was the most successful part of your program roll-out? (***from the project management side, what worked best****)*** |
| **ANSWER:** |
|   |
| **What was the least successful part of your program roll-out? (***from the project management side of things, what difficulties if any, was highlighted to you with this funding?*) |
| **ANSWER:** |
|   |
| **What additional support for your program could the BCAAFC provide to you to increase success in the next fiscal program roll-out?** |
| **ANSWER:** |
|   |
| **Looking into the future, what is your top 3 priority areas for program funding?** |
| **ANSWER:** |
|   |
| **Three success stories in regards to your program funding this year. Please include one success story from a participant, and one story from the program manager.**  |
| **Success Story One:** |
|   |
| **Success Story Two:** |
|   |
| **Success Story Three:** |
|   |

#### 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 5: 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.

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| 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 or by phone at 250-388-5522