

First Citizens Fund

**FINAL REPORT**

Friendship Centre Program Funding Stream

**Fiscal 2020**

**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 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: Project Information**

|  |  |
| --- | --- |
| **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: Revenues and Expenditures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Revenue** | |  |  |
|  |  |  |  |
| List ALL other revenue sources for your centre: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Revenue: | $0.00 |  |  |
|  |  |  |  |
| **Expenses** |  |  |  |
| Budget Line Items | Total Amount Expensed | FCF-FCP | Expenses Covered by Other Revenue Sources |
| **Budget Items** | $0.00 | $0.00 | $0.00 |
| Salaries and Benefits |  |  |  |
| Professional Services/Consulting Fee |  |  |  |
| Meeting Space |  |  |  |
| Training |  |  |  |
| Travel |  |  |  |
| Program Supplies |  |  |  |
| TOTAL EXPENSES | $0.00 | $0.00 | $0.00 |

**Section 4: Narrative Report**

Please answer with short to medium length paragraphs in a storytelling format. The goal of this section is to paint a picture of how these funds help your Centre.

|  |
| --- |
| **1. How have you used these funds at your Centre?** |
| [answer here] |
| **2. The goal of these funds are “To assist Friendship Centres to deliver a range of social, recreational and cultural programming to Aboriginal people living in urban areas”. Please speak to how these goals were met at your centre.** |
| [answer here] |
| **3. Project Highlights** |
| [answer here] |
| **4. Description of Accomplishments/success of the project.** |
| [answer here] |
| **5. Challenges faced and solutions found.** |
| [answer here] |
| **6. Information on results (negative or positive) that were not anticipated.** |
| [answer here] |
| **7. Lessons learned.** |
| [answer here] |
| **8. Success Story.** |
| [answer here] |

#### NOTE: Additional Reporting Required:

* 3 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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