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 **Urban Programming for Indigenous Peoples**

Annual Action Plan Review

Organizational Capacity

Fiscal [insert fiscal]

BC Association of Aboriginal Friendship Centre

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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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| **Organization** | Fiscal: | [insert fiscal] |
| Legal Name of Organization |  |   |
|   |  |  |
| **Contact Information** |  |   |
| Executive Director Name: |  |   |
|   |  |   |
| 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** | **Was the Objective Met?** | **Quantify the indicator(s) and explain** |
| 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.  | (yes/no) | ex. Board meeting attendees increased by an average of 3. Actively recruiting and incentivising board attendance resulted in an increase of meeting attendees and in 1 additional potential board member.  |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |

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| **Section 2 : Community Engagement** |
| **List 3 specific objectives related to the community sense of your organization** |
| **Specific objective** | **Desired changes** | **Expected results** | **Indicators** | **Was the Objective Met?** | **Quantify the indicator(s) and explain** |
| 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. | (yes/no) | ex. Membership increaed by 25 people; Revenue from membership fees increased by $125. Spending an extra few minutes with clients on arrival resulted in better understanding of importance of membership with clients.  |
|  2) Increase of membership fees.  |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |

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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 objective** | **Desired changes** | **Expected results** | **Indicators** | **Was the Objective Met?** | **Quantify the indicator(s) and explain** |
| 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 | (yes/no) | ex. 20 indigenous women completed the program.  |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |  |  |

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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 objective** | **Desired changes** | **Expected results** | **Indicators** | **Was the Objective Met?** | **Quantify the indicator(s) and explain** |
| 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.  | (yes/no) | ex. 20 indigenous women completed the program.  |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |
| [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] | [insert fiscals original action plan submission] |   |   |

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**Friendship Centre Name**

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Executive Director Date