

Ministry of Indigenous

Relations & Reconciliation

**APPLICATION**

Provincial Capacity Funding

Fiscal [insert fiscal]

#

BC Association of Aboriginal Friendship Centre

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**Provincial Capacity Funding**

The B.C. Association of Aboriginal Friendship Centres (BCAAFC) is the umbrella association for 25 Friendship Centres throughout the Province of British Columbia.

Friendship Centres play a central role in supporting primarily Indigenous peoples living in urban areas – who may face complex social challenges rooted in colonization and intergenerational trauma. The Centres provide programs and services in the areas of health care, employment, skills training and education, as well as supports for children and families, Elders and youth.

**PURPOSE**

Funds will be used to strengthen and improve the way the BCAAFC and the Centres deliver programs and services by improving infrastructure through Information Technology system updates and human-resource development through staff training and recruitment.

Friendship Centres will also seek to increase cultural activities within existing and new programs, leveraging the funding to pursue economic development opportunities, making minor renovations and expanding operations.

Eligible expenditures are limited to:

* Salaries and employee benefits;
* Professional fees;
* Honoraria;
* Training and development;
* Equipment;
* Facilities; and,
* Capital Renovations and repairs up to $15,000

The BCAAFC will review applications received from each Centre that will include a request for information related to the above expenditures as well as a description on how the funding will be used for programming, capacity development and/or repairs. The BCAAFC will also create a reporting template that Centres will use to report on the utilization of these funds and demonstrate the impact that this new resourcing is having in each respective community.

**OUTCOMES**

Through the delivery of the Services the Province wishes to realize the following outcomes the Recipient must use commercially reasonable efforts to achieve them:

* Serious and pressing issues facing Indigenous peoples will decrease, and a long- term transformation of British Columbia’s relationship with First Nations, Métis and Inuit will be furthered.

**REPORTING REQUIREMENTS:**

The Recipient must, provide an Interim Financial Report including:

* Cashflow detailing all expenditures from April 1st to September 30th, 2020, and projection of use of funds for the remainder of the fiscal year.
* Provide an Interim Project Report detailing what the Friendship Centre used their allocation for and what administrative services were provided up to September 30, 2020 by the Recipient.
* General Ledger for Provincial Capacity expenses

The Recipient must provide reporting including:

* Cashflow detailing all expenditures from April 1st 2020 to December 31st, 2020, and projection of use of funds for the remainder of the fiscal year.

The Recipient must provide a Final Report including:

* Cashflow detailing actual expenditures for Provincial Capacity Funding, and an annual Project income and expenditure summary which identifies all sources and use of the Project funds during the Term;
* General Ledger for Provincial Capacity expenses
* Provide a Final Report detailing what the Friendship Centre used their allocation for and what administrative services were provided up to March 31st, 2021 by the Recipient, through a narrative report detailing goals met, how the funding supported increased capacity of the Centre, and an administrative success story.

The Recipient must provide an audited Financial Report including:

* A separate project schedule of revenue and expenses, as part of their standard audit financials reporting to the BCAAFC

**PAYMENT SCHEDULE:**

Payment schedule will be detailed in contract and is subject to the receipt of funds from MIRR.

**Application Due**: March 1st, 2020

***Section 1: Organization Information***

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| --- |
| **Provincial Capacity** |
| **Fiscal:** | [insert fiscal] |
| Organization: |   |
| Contact: |   |
| Address: |   |
| Phone Number: |   |
| Email: |   |

***Section 2: Provincial Core Proposal Information***

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| --- |
| **Please describe how you plan on using the Provincial Capacity Funding allocation.**  |
| Be detailed in your explanations. |
| Provide a breakdown:  |
| •What type of staff training you will be offering, and why? (include if there is certification at the end of training and from whom)  |
| •For capital costs list what renovations you are doing and why.  |
| •What Salaries are covered and how will those positions benefit your organization? |
| ANSWER: |
|  [answer here] |
| **Proposed Activities and Timelines:**  |
| ANSWER: |
|  [answer here] |
| **Expected Results**  |
| The funding will provide improvements to centres such as information technology system updates, human resource development, staff training and recruitment, increase cultural activites, leveraged economic development, renovations and expanding operations.  |
| Express the expected final results, accomplishments, improvements, expansions and developments to new or existing programs and or to the centre overall.  |
| ANSWER: |
|   [answer here] |

***3. Budget***

|  |  |  |  |
| --- | --- | --- | --- |
| **Insert FC Name** |   |   |   |
| **Provincial Capacity**  |   |   |   |
|   |   | Fiscal: | [insert fiscal] |
|   |   |  |  |
|   |   |  |  |
|   |   | Budget: | **$0.00** |
|   |   |   | Approved PC Budget |
| Salaries and Benefits |   |   |   |
| Please list position title | $/Hour | Hrs/Week |   |
| 1) |   |   |   |
| 2) |   |   |   |
| 3) |   |   |   |
| Employee Benefits |   |   |   |
| Salary & Benefits Expense Totals |   |   | $0.00 |
| Program Expenses |   |   |   |
| Professional Fees |   |   |   |
| Honoraria |   |   |   |
| Training & Development (of staff/board, not clients) |   |   |   |
| Equipment |   |   |   |
| Facilities |   |   |   |
| Capital Renovations & repairs (up to $15,000) |   |   |   |
| Program Expense Totals |   |   | $0.00 |
| **TOTAL EXPENSES** |   |   | $0.00 |

\*The above budget is for application purposes only. Actual approved budget may differ from the above table.

***4. Signature***

By signing this page, I affirm that the information in this funding application is accurate, and complete. I agree to submit an annual audited financial statement that will show all sources of funding received, including a project schedule of revenue and expenses.

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| **Signing Authority** |
| **Friendship Centre:**  |
| **First Name** | **Last Name** | **Title** |
| **Signature** | **Date(YYYY/MM/DD)** |