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Urban Programming for Indigenous Peoples

**FINAL REPORT**

Organizational Capacity Funding Stream

Fiscal [insert fiscal]



BC Association of Aboriginal Friendship Centre

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Phone: 250-388-5522 Toll Free 1-800-992-2432

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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 |   |
| **Contact Info** |   |
| Executive Director Name: |   |
|   |   |
| 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**

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| **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 utilize 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 utilize Tab 9 of your FCM Statistics Report for completing this budget; must match final cashflow.**

|  |  |  |
| --- | --- | --- |
| **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**

**Must complete section 5; narratives and stories contribute to funding allocation model.**

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| **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) |
|   |   |
|