****

**Urban Programming for Indigenous Peoples**

****

**PROPOSAL**

****

**Organizational Capacity**

**Fiscal 2024/2025**

|  |
| --- |
| BC Association of Aboriginal Friendship Centres |

551 Chatham Street, Victoria, BC V8T 1E1

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

**Email:** **reporting@bcaafc.com**

|  |
| --- |
| The Organizational Capacity funding stream provides core funding for Friendship Centres to maintain a stable base from which to deliver programs and services, or provide case management and referral services for clients, which support urban Indigenous peoples. |
| Organizational Capacity core funding covers day-to-day operating costs, such as key staffing positions, office supplies, utilities, rent, etc. |
| For assistance in filling in this proposal, please contact BCAAFC Programs Team at reporting@bcaafc.com or 250-388-5522. |
|  |
| For additional information on UPIP, please refer to the ‘Grants and Contributions to Support the Urban Programming for Indigenous Peoples’ [Terms & Conditions](https://www.sac-isc.gc.ca/eng/1386530682712/1615722928307) |

|  |
| --- |
| **Reporting Requirements\***  |
| The Recipient must provide Interim (2nd Quarter) reporting including: |
| * Cashflow detailing all expenditures from April 1st, 2024 to September 30th, 2024, and projection of use of funds from October 1, 2024 to March 31, 2025.
 |
| * + General Ledger for Organizational expenses showing detailed actual expenditures from April 1st, 2024 to September 30th, 2024.
 |
| * + Submit a Success Story via an online survey component, demonstrating the positive impacts to date associated with Organizational Capacity funding.
 |
|  |
| The Recipient must provide 3rd Quarter reporting including: |
| * + Cashflow detailing all expenditures from April 1st, 2024 to December 31st, 2024, and projection of use of funds from January 1, 2025 to March 31, 2025.
 |
| * + General Ledger for Organizational Capacity expenses showing detailed actual expenditures from April 1st, 2024 to December 31st, 2024.
 |
|  |
| The Recipient must provide Final reporting including: |
| * + Cashflow detailing actual expenditures for Organizational Capacity Funding from April 1st, 2024 to March 31, 2025.
 |
| * + General Ledger for Organizational Capacity expenses showing detailed actual expenditures from April 1st, 2024 to March 31, 2025.
 |
| * + Provide a Final Narrative Report detailing what the Friendship Centre used their allocation for, if any funding shortfalls were experienced and how it impacted your Centre, and 2-3 Success Stories.
 |
| * + Provide a minimum of 3 photos (.jpg/.png format) with a description. These photos should represent successes or activities at your Centre or within your community that occurred throughout the fiscal. Examples might include photos of events hosted or attended, people gathering, programming successes, staff wellness, or any photo that highlights the amazing work your Centre did throughout the fiscal.
 |
| * + Complete statistical reporting through the FCM Statistics package.
 |
|  |
| The Recipient must provide an Audited Financial Package including:  |
| * Final signed/Board approved audited financial statements, a separate project schedule of revenue and expenses for Organizational Capacity (schedule of operations), Auditor’s letter to Management, Board’s response letter.
 |
|  |
| ***\*The reporting requirements listed herein are for informational purposes only. Actual reporting requirements will be detailed in the Contribution Agreement and may differ from above.*** |

|  |
| --- |
| **Proposal Due: March 15, 2024** |

|  |  |
| --- | --- |
|  |  |
| Fiscal Year | 2024/2025 |
| Friendship Centre | choose friendship centre |
|  |  |
| Organizational Capacity Program Questions |  |
| How will Organizational Capacity funding be used to support your organization’s day-to-day operations? |  |
| Will Organizational Capacity funding be used to improve your Centre’s operating capacity? If yes, please describe. |  |
| Will Organizational Capacity funding help towards any of your Centre’s strategic goals? If yes, please describe.  |  |
| Please indicate the amount of Organizational Capacity funding you are requesting for the 2024-2025 fiscal year.**\*\*** |  |

***\*\*Actual funding amount will be determined after the application process and may differ from the above requested amount***

|  |
| --- |
| **Organizational Capacity Proposed Budget\*\*\* FY2024-2025** |
|  |  |
| **Eligible Budget Line Items** | **Proposed Budget\*\*\*** |
| **Salaries and Benefits** |   |
| Executive Director |   |
| Receptionist, **or** |   |
| Executive Assistant |   |
| Financial Person - Portion of salary |   |
| Program Director - Portion of salary |   |
| **Organizational Capacity Expenses** |   |
| Banking Fees |   |
| Building Maintenance and Repair |   |
| Equipment Rental or Purchase (up to $5,000) |   |
| Insurance |   |
| IT Support |   |
| Office Rent or portion of Mortgage |   |
| Office Supplies |   |
| Portion of the cost of the audit |   |
| Property Tax |  |
| Telephone/Fax |   |
| Training for Professional Development |   |
| Travel (international travel is ineligible) |   |
| Utilities |   |
| **PROPOSED TOTAL EXPENSES** | **$0.00** |

***\*\*\*The above proposed budget is for application purposes only. Actual ‘Approved Budget’ will be determined after the application process and may differ from above.***

*For additional information please refer to the ‘Grants and Contributions to Support the Urban Programming for Indigenous Peoples’* [Terms & Conditions](https://www.sac-isc.gc.ca/eng/1386530682712/1615722928307).

Expenditures related to travel may not exceed [Treasury Board guidelines on travel](http://www.njc-cnm.gc.ca/directive/travel-voyage/index-eng.php).

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.

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