LIST OF DATA FIELDS – FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY PROPOSAL

PAW Number/Fiscal Year:
1898217 (2020-2021)

Purpose:
As per funding agreement

Reporting Period:
As per funding agreement

Due Date:
As per funding agreement

Legend:

- Auto-Calc: Automatically calculated field.
- Auto-Fill: Automatically filled field.
- Mandatory: Field must be completed by recipient to reduce potential delays in processing as Regional Office staff may need to contact recipients for incomplete reports.
- Pre-Populated: Data field is Pre-Populated with information contained in the proposal submitted to the department.
- Roll-Over: Data that has been rolled-over from the previous years' submitted report.

IMPORTANT:
The list below is a representation of the data fields. The actual proposals are available on the ISC Services Portal or through your Regional Office.

Field Descriptions:

Field	Description
Proposal Identification - Complete the Organization Identification section and then this section before entering any other information. The information that you provide causes the PDF to display only those sections that are relevant to you.	
Fiscal Year Auto-Fill	This field defaults to the fiscal year for which you are making a funding proposal.
Proposal Title Auto-Fill	This title will be used to identify the FNIYES Proposal. Enter a unique name for the proposal that uses 5 words or less.
Organization Identification – Complete the Proposal Identification section and then this section before entering any other information. The information that you provide causes the PDF to display only those sections that are relevant to you.	
Are you a RECIPIENT of funds directly from ISC?	This is a Yes or No answer that causes the PDF to display only those sections that are relevant to you. Select Yes if you receive funding directly from ISC or if you are preparing a master report for the Recipient. Select No if you receive funding from an organization other than ISC.
Recipient #	The recipient ID number as assigned by ISC. Note: Make sure to enter a 4-digit number. Add zeroes (0) in front if necessary.
Recipient Name	The official name of the Recipient of ISC funds.

Field	Description
Organization Type	Select your type of organization. If you indicate First Nation Chief and Council, the Organization Name becomes a search field.
Organization name Auto-Fill	Enter or search for the Organization Name. This field is automatically populated when you enter the Organization No. in the next field.
Organization # Auto-Fill	The organization's identification number, if available. This field is only mandatory if the organization has an identification number. Enter the organization's identification number. This field is automatically populated when you enter the Organization Name in the previous field.
Organization Telephone #	Enter the 10-digit telephone number with no spaces, hyphens or parentheses. This field is automatically formatted.
Organization Extension #	The extension number, if applicable. Enter up to 5 digits.
Organization Fax Number	Enter the 10-digit fax number with no spaces, hyphens or parentheses. This field is automatically formatted.
Organization E-mail Address	The e-mail address of the contact, if available. Enter the e-mail address in the format name@workplace.ca.
Organization Website	The home page URL for the organization's web site. Enter the URL in the format www.workplace.ca.
Mailing Address (Number/ Street/ Apartment/ P.O. Box)	Enter the civic address, street name; the apartment or suite number, if applicable. Enter the post office box number, if applicable. Maximum 75 characters.
Mailing address - City/Town	Enter the municipality.
Mailing address - Province or Territory	Select the province or territory.
Mailing address - Country Auto-Fill	This field is set to Canada by default.
Mailing address - Postal Code	Enter the postal code in the format A9A 9A9.
Incorporation Information	
Is your organization incorporated?	A set of radio buttons to indicate whether your organization is incorporated. Select Yes to enter the required incorporation details. Select No to remove the incorporation fields.
Incorporation No.	Enter the incorporation number according to the Articles of Incorporation.
Date of Incorporation	Enter the date of incorporation according to the Articles of Incorporation in the format yyyy-mm-dd.

Field	Description
Jurisdiction	A set of radio buttons to indicate the jurisdiction. If you select Province or Territory, a dropdown list appears to select the jurisdiction. Select **Canada** if the organization is federally incorporated. Select **Province or Territory** if the organization is incorporated at that level.
Province or Territory	Select the province or territory under which the organization is incorporated.
List of Reporting Organizations	List all of the Reporting Organizations whose proposals/reports are attached in this table.
Reporting Organization Type	The type of organization that is providing you with their FNIYES information.
Reporting Organization Name	The official name of the organization.
File name Attached	A check box to attach a completed PDF form or XML file that a Reporting Organization has sent to you.
Primary Contact - The Primary Contact is the person who is responsible for the DCI when completed.	
Given Name	Enter the given name.
Family Name	Enter the family name.
Title/Position	Enter the job title or position.
Telephone Number	The contact's telephone number. Enter the 10-digit telephone number with no spaces, hyphens or parentheses. This field is automatically formatted.
Extension No.	The extension number, if applicable. Enter up to 5 digits.
Fax No.	The contact's facsimile number, if available. Enter the 10-digit fax number with no spaces, hyphens or parentheses. This field is automatically formatted.
E-mail Address	Enter the e-mail address in the format name@workplace.ca.
Mailing Address (Number/ Street/ Apartment/ P.O. Box)	Enter the civic address, street name; the apartment or suite number, if applicable. Enter the post office box number, if applicable. Maximum 75 characters.
Mailing Address - City/Town	Enter the municipality.
Mailing Address - Province/Territory	Select the province or territory.
Mailing Address - Country Auto-Fill	This field is set to Canada by default.
Mailing Address - Postal Code	Enter the postal code in the format A9A 9A9.
Street Address - (Number/ Street/ Apartment/ P.O. Box)	Enter the civic address, street name; the apartment or suite number, if applicable. Enter the post office box number, if applicable. Maximum 75 characters.
Street Address - City/Town	Enter the municipality.

Field	Description
Street Address - Province/Territory	Select the province or territory.
Street Address - Country Auto-Fill	This field is set to Canada by default.
Street Address - Postal Code	Enter the postal code in the format A9A 9A9.
Secondary Contact - The Secondary Contact is the back-up contact in case the Primary Contact is unavailable.	
Given Name	Enter the given name.
Family Name	Enter the family name.
Title/Position	Enter the job title or position.
Telephone Number	The contact's telephone number. Enter the 10-digit telephone number with no spaces, hyphens or parentheses. This field is automatically formatted.
Extension No.	The extension number, if applicable. Enter up to 5 digits.
Fax No.	The contact's facsimile number, if available. Enter the 10-digit fax number with no spaces, hyphens or parentheses. This field is automatically formatted.
E-mail Address	Enter the e-mail address in the format name@workplace.ca.
Mailing Address (Number/ Street/ Apartment/ P.O. Box)	Enter the civic address, street name; the apartment or suite number, if applicable. Enter the post office box number, if applicable. Maximum 75 characters.
Mailing Address - City/Town	Enter the municipality.
Mailing Address - Province or Territory	Select the province or territory.
Mailing Address – Country Auto-Fill	This field is set to Canada by default.
Mailing Address - Postal Code	Enter the postal code in the format A9A 9A9.
Street Address: (Number/ Street/ Apartment/ P.O. Box)	Enter the civic address, street name; the apartment or suite number, if applicable. Enter the post office box number, if applicable. Maximum 75 characters.
Street Address - City/Town	Enter the municipality.
Street Address - Province or Territory	Select the province or territory.
Street Address - Country Auto-Fill	This field is set to Canada by default.
Street Address - Postal Code	Enter the postal code in the format A9A 9A9.
Proposal Summary Information	
Planned Start Date	Enter the date that you plan to begin the project in the format yyyy-mm-dd.

Field	Description
Planned End Date	Enter the date that you plan to complete the project in the format yyyy-mm-dd.
Proposal Description	Enter a brief summary of the proposal, up to 100 words. Enter details in subsequent sections of this form.
Current State / Statement of Need	
Current State/ Statement of Need	Enter a complete description of why the project is needed and how it will address those needs.
List of Clients to be Served - Identify the communities and/or schools that will be served by the activities planned.	
Client Type	Select a type of client from the list. If you indicate First Nation Chief and Council or Inuit Community, this becomes a search field.
Client Name	Enter or search for the Client Name. This field is automatically populated when you enter the Client No. in the next field.
Client No.	Enter the client's identification number. This field is automatically populated when you enter the Client Name in the previous field.
Activities Planned and Expected Results	
Delivery Organization Type	The type of organization delivering the service.
Delivery Organization Name	The official name of the organization.
Delivery Organization No.	The organization's identification number, if available. This field is only mandatory if the organization has an identification number.
Objective	Select an objective from the dropdown list.
Activity Type Auto-Fill	A list of possible activities for the Objective. For more information see the National Program Guidelines attached to the PDF. If there is only one Activity available, it appears automatically.
Activity Name Auto-Fill	If the Activity Name is not unique, the FNIYES Proposal will not pass validation. For work placements, the Activity Name should be a job title.
Planned Start date	Enter the date that you plan to begin the Activity in the format yyyy-mm-dd. The date must fall within the date range in the Proposal Summary Information.
Planned End date	Enter the date that you plan to complete the activity in the format yyyy-mm-dd. The date must fall within the date range in the Proposal Summary Information.
Amount	This field is automatically calculated. It displays the total amount for this objective.
Activities Planned	A description of the specific actions you plan to undertake to accomplish the selected Activity

Field	Description
Expected Results	A description of the goals and/or objectives behind the Activity including indicators.
Audience Type	Select an Audience Type from the list. If there is only one Audience Type available, it appears automatically.
Anticipated Number to be Reached	Enter the number of individuals that you expect to reach through this Activity.
Expenses	
Expenses Type Auto-Fill	Enter the budgeted amount for this Expense. The currency is automatically formatted.
Amount Auto-Calc	Enter the budgeted amount for this Expense. The currency is automatically formatted.
Explanation	A detailed description of the Expense, including how the cost estimates were determined.
Activity Total Auto-Calc	A sub-total for all expenses for this Activity. This field is automatically calculated.
Sub-Total Amount Requested before Administration Costs Auto-Calc	A sub-total before administration costs. This field is automatically calculated.
Program Administration Costs	Enter the cost for administration for this fiscal year. The currency is automatically formatted.
Explanation	A detailed explanation or description for the Administration Cost.
Total Requested Auto-Calc	This field is automatically calculated.
Program Administration Costs (Percentage) Auto-Calc	This field displays the cost for administration expressed as a percentage of the FNIYES funding before Administration Costs. It should not exceed 10% of the total cost of the project. This field is automatically calculated.
Proposed Budget -This information is a summary of the project budget that is automatically calculated.	
Expense Type Auto-Fill	A list of expenses that were provided (may take many rows).
Amount Requested	The amounts shown are totals requested by Expense Type for each Objective. They are automatically calculated from the Expense for each Activity. To change a value, go back to Expenses for a particular Activity, update the data, and Save.
Sub-total: Objective Auto-Calc	A sub-total of expenses by objective.
Sub-total: Delivery Organization Auto-Calc	A sub-total of expenses by Delivery Organization.
Sub-total Before Administration Costs Auto-Calc	A sub-total of all objectives' expenses before administration costs.

Field	Description
Administration costs	The total amount spent on program administration. If no amount was entered, the field remains blank.
Total Auto-Calc	This field displays the total amount spent for the First Nations and Inuit Youth Employment Strategy including Administration Costs.
Administration costs (percentage) Auto-Calc	The relative amount of Administration Costs compared to the total of costs for FNIYES activities. It should not exceed 10% of the Sub-Total before Administration Costs.
Partners - A Partner is an organization that you expect to provide or has provided funding or in-kind contributions to the project.	
Partner Organization Type Auto-Fill	Select your type of organization. If you indicate First Nation Chief and Council or Inuit Community, this becomes a search field.
Partner Organization Name Auto-Fill	Enter or search for the Organization Name. This field is automatically populated when you enter the Organization No. in the next field.
Partner Organization # Auto-Fill	The partner's identification number, if available. This field is only mandatory if the partner has an identification number. Enter the organization's identification number. This field is automatically populated when you enter the Organization Name in the previous field.
In-kind contributions Auto-Fill	If the partner makes an in-kind contribution, rather than a financial one, select the check box. If you select it, the Amount defaults to $0.00.
Amount Auto-Fill	Enter the amount. If the amount received was an in-kind contribution and you know its value, you can enter the amount. The currency is automatically formatted.
Explanation	An explanation to describe the type of in-kind contribution expected or received or the main purpose of the funds received.
Supporting Documents	
Type of Supporting document	A dropdown list of the types of mandatory documents. If there are no mandatory documents, the only available item is Other.
Name of Supporting Document	Enter the title and file name of the supporting document. If this document is not attached to the PDF and will be sent another way, enter the file name and a description.
Method of Submission	A dropdown list of possible submission methods. Select a method. When you select Attach to PDF, a dialogue appears for you to browse for the file. Select it and click OK to attach it to the PDF.
File name attached	When you attach a file to the PDF, the file name appears. There is also a check box to indicate that there is a file attached. This check box appears next to a file name when you successfully attach a file to the PDF. De-select the check box to remove the attached file.
Declaration - Enter identification details of the person who has reviewed the information provided in the PDF and who confirms that it is accurate to the best of their knowledge.	
Given Name	Enter the given name.
Family Name	Enter the family name.
Title/Position	Enter the job title or position.

Field	Description
Submission date Date (YYYYMMDD)	Date of Submission (in the format yyyy-mm-dd).