

LIST OF DATA FIELDS – CULTURAL EDUCATION CENTRES PROGRAM PROPOSAL

PAW Number/Fiscal Year:

515410 (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](https://www.sac-isc.gc.ca/eng/1100100033778/1531401562673) (<https://www.sac-isc.gc.ca/eng/1100100033778/1531401562673>) 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 fiscal year is entered automatically. |
| Proposal Title Auto-Fill | This title will be used to identify the CECF 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. |

| Field | Description |
|--|---|
| Recipient Name | The official name of the Recipient of ISC funds. |
| 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/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. |
| 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. |
| 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. |

| Field | Description |
|---|---|
| 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. |
| 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 | |

| Field | Description |
|--|--|
| 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. | |
| Delivery Organisation Type Auto-Fill | Select the type of organization delivering the service. |
| Delivery Organisation Name Auto-Fill | The official name of the organization. |
| Delivery Organisation No. Auto-Fill | The organization's identification number, if available. This field is only mandatory if the organization has an identification number. |
| Client Type | Select a type of client from the dropdown list. If you indicate First Nation Chief and Council or Inuit Community, this becomes a search field. |
| Client Name Auto-Fill | Enter or search for the official name of the client. This field is automatically populated when you enter the Client No. in the next field. |
| Client No. Auto-Fill | 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 - | |
| Objective | Select an objective from the dropdown list. |
| Activity Type | Select an Activity from the list of possible activities for the Objective. If there is only one Activity available, it appears automatically. |
| Activity Name | Enter the Activity Name. If the Activity Name is not unique, the PSPP Proposal will not pass validation. |
| 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 Auto-Calc | This field is automatically calculated. It displays the total amount for this objective. |

| Field | Description |
|--|---|
| Activities Planned | Enter a description of the specific actions you plan to undertake to accomplish the selected Activity. Include: <ul style="list-style-type: none"> • the implementation plan and the roles and responsibilities of partners • a description of the current status for activities being continued from a previous year • details about what you plan to do to accomplish this Activity |
| Expected Results | Enter a description of the goals and/or objectives behind the Activity including indicators. |
| Audience | |
| Audience Type | A dropdown list of possible Audience Types. 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 - This section of the form collects planned expenses required to undertake this Activity. | |
| Expense Type | A list of possible Expense Types. |
| Amount | Enter the budgeted amount for this Expense. The currency is automatically formatted. |
| 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. |
| Amount Requested Auto-Calc | Automatically populated from the proposal. |
| Sub-total: Objective Auto-Calc | A sub-total of expenses by objective; automatically calculated. |
| 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 expenses before administration costs; automatically calculated. |
| Administration costs Auto-Calc | 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 Cultural Education Centres Program including Administration Costs. |
| Program Administration Costs (percentage) Auto-Calc | The relative amount of Administration Costs compared to the total of costs for CECF activities. It should not exceed 10% of the Sub-Total before Administration Costs; automatically calculated. |
| Partners - A Partner is an organization that you expect to provide or has provided funding or in-kind contributions to the project. | |

| Field | Description |
|---|--|
| Partner Organization TYPE | A dropdown list of possible organizations that could be partners. Select your type of organization. If you indicate First Nation Chief and Council, the Organization Name becomes a search field. |
| Partner Organization NAME | The official name of your partner. 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 | A check box to indicate an in-kind contribution. 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 | Enter the amount expected or received from the partner. 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 | Enter 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 | The title and file name of the 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 | The file name of the attached document. 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. |
| Date (YYYYMMDD) | Enter today's date in the format yyyy-mm-dd. Note: You cannot use a slash (/) in this field. |