

FIRST NATION AND INUIT CULTURAL EDUCATION CENTERS PROGRAM REPORT – DATA FIELDS LIST

DCI Number/Fiscal Year:

515786 (2018-2019)

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.

REPORT IDENTIFICATION

When you indicate your type of organization, the form displays only those sections that are relevant to you. If you do not see a section, it is because Indigenous and Northern Affairs Canada (INAC) does not require that information.

| | |
|--|--|
| Fiscal Year (Pre-Populated) | The fiscal year is entered automatically. |
| Period (Mandatory) | The time period on which you are reporting. |
| Title of the approved proposal for which this report is being submitted (Pre-Populated and Mandatory) | Title of the approved proposal for which this report is being submitted. |

ORGANIZATION IDENTIFICATION

This section is used to identify the organization information that is required to complete the Report.

| | |
|---|--|
| Are you the prospective RECIPIENT of funds directly from INAC? (Mandatory) | This is a Yes or No answer that causes the form to display only those sections that are relevant to you. 'Yes' indicates that your organization receives funding directly from INAC. 'No' indicates that it is a sub-report. Only some of the fields are displayed. Also, refer to Reporting Organization Contacts on the next page. |
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| Recipient Number (Pre-Populated and Mandatory) | The recipient ID number as assigned by INAC. Important: Make sure to enter a 4-digit number. Add zeroes (0) in front if necessary. |
| Recipient Name (Pre-Populated and Mandatory) | The official name of the Recipient of INAC funds. |
| Organization Type (Pre-Populated and Mandatory) | A dropdown list of possible organizations that could complete a Report. |
| Organization Name (Pre-Populated and Mandatory) | The official name of your organization. This field is automatically populated when you enter the Organization Number in the next field and vice versa. |
| Organization Number (Mandatory) | The official number of your organization. Some Organization Types do not require an Organization Number. |
| Telephone Number (Mandatory) | The organization's telephone number. |
| Extension Number (Pre-Populated) | The extension number, if applicable. |
| Fax Number (Pre-Populated) | The organization's facsimile number. |
| Email Address (Pre-Populated) | The e-mail address of the organization, if available. |
| Web site (Pre-Populated) | The home page URL for the organization's web site. |
| Mailing Address | |
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Pre-Populated and Mandatory) | The address or P.O. Box at which the party can be reached by mail. |
| Reporting Organization Contacts (Sub-reports only) | |
| Provide the Reporting Organization's contact information as requested by your Recipient Organization. | Sub-reports have a Reporting Organization Contacts section where contact information is provided in a text field so that the Recipient Organization knows who to contact if there are questions. |

LIST OF REPORTING ORGANIZATIONS

The section appears only if you indicated that you are a RECIPIENT of funds directly from INAC and your Organization Type is allowed to deliver funds to other organizations e.g. schools, communities, etc.

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| <ul style="list-style-type: none"> - Reporting Organization Type - Reporting Organization Name - Reporting Organization Number - Total Budget - File Name Attached (Pre-Populated) | Data fields will automatically be populated from the Sub-report once attached. |
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CONTACTS

Primary Contact Information

The Primary Contact is the person who INAC would contact for general questions regarding the Report. The Secondary Contact is the back-up contact in case the Primary Contact is unavailable.

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|---|--|
| Given Name (Pre-Populated and Mandatory) | The given name or first name. |
| Family Name (Pre-Populated and Mandatory) | The family name or surname. |
| Title/Position (Pre-Populated and Mandatory) | The contact's job title or position. |
| Telephone Number (Pre-Populated and Mandatory) | The contact's telephone number. |
| Extension Number (Pre-Populated) | The extension number, if applicable. |
| Fax Number (Pre-Populated) | The contact's facsimile number, if available. |
| E-mail Address (Pre-Populated) | The e-mail address of the contact, if available. |

Mailing Address

| | |
|---|--|
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Pre-Populated and Mandatory) | The address or P.O. Box at which the party can be reached by mail. |
|---|--|

Street Address

Same as Mailing Address

If selected, the fields below will automatically be populated.

| | |
|---|---------------------|
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Pre-Populated and Mandatory) | The street address. |
|---|---------------------|

Secondary Contact Information

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|---|---|
| Do you want to specify a secondary contact? | Yes or No - if Yes is selected, the same fields are mandatory as the Primary Contact. |
| Given Name (Pre-Populated and Mandatory) | The given name or first name. |
| Family Name (Pre-Populated and Mandatory) | The family name or surname. |
| Title/Position (Pre-Populated and Mandatory) | The contact's job title or position. |
| Telephone Number (Pre-Populated and Mandatory) | The contact's telephone number. |
| Extension Number (Pre-Populated) | The extension number, if applicable. |
| Fax Number (Pre-Populated) | The contact's facsimile number, if available. |
| E-mail Address (Pre-Populated) | The e-mail address of the contact, if available. |
| Mailing Address | |
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Pre-Populated and Mandatory) | The address or P.O. Box at which the party can be reached by mail. |
| Street Address | |
| Same as Mailing Address | If selected, the fields below will automatically be populated. |
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Pre-Populated and Mandatory) | The street address. |
| LISTS OF CLIENTS TO BE SERVED | |
| Delivery Organization <ul style="list-style-type: none"> - Type - Name - Number (Pre-Populated and Mandatory) | Automatically copied from the Organization Identification section. |
| Client Information | |
| Client Type (Pre-Populated and Mandatory) | A dropdown list of possible client types. |
| Client Name (Pre-Populated and Mandatory) | The official name of the client. |

| | |
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| Client Number (Pre-Populated and Mandatory) | The client's identification number, if applicable. |
| ACTIVITIES UNDERTAKEN AND RESULTS ACHIEVED | |
| Delivery Organization - Type - Name - Number (Pre-Populated and Mandatory) | Automatically copied from the Organization Identification section. |
| Objective | |
| Objective (Pre-Populated and Mandatory) | Objectives approved are pre-populated. The objectives are in line with the program terms and conditions. |
| Activity | |
| Type (Pre-Populated and Mandatory) | A list of possible activities for the Objective. If there is only one Activity available, it appears automatically. For more information see the <i>National Program Guidelines</i> attached to the form. |
| Name (Pre-Populated and Mandatory) | The activity name must be unique. |
| Extent Completed (Mandatory) | Indicate the extent to which the activity was completed as described on the approved proposal. Select Fully, Partially, or Not at all. |
| Reason not fully completed (Mandatory) | This field is enabled and mandatory if the Extent Completed is not Fully. |
| Explanation (Mandatory) | A detailed explanation for why the activity was not fully completed. This field is mandatory if the Extent Completed is not Fully. |
| Activities Undertaken (Pre-Populated and Mandatory) | A narrative description of the activities undertaken as compared with what was planned. |
| Results Achieved (Mandatory) | A narrative description of the results achieved as compared with what was planned. |
| Audience | |
| Audience Type (Pre-Populated and Mandatory) | A list of Audience types. |
| Target Number (Pre-Populated) | Automatically populated from the approved proposal. |
| Number Reached (Mandatory) | The number of individuals reached by this activity. |
| Expenses This section of the form collects planned expenses required to undertake activities for this objective. | |
| Expense Type (Pre-Populated and Mandatory) | A list of possible Expense Types. |

| | |
|------------------------------------|---|
| Amount Approved (Pre-Populated) | Automatically populated from the approved proposal. |
| Amount Spent (Mandatory) | The amount spent on this Activity for this objective. |
| Explanation (Mandatory) | An explanation of any variances between the amounts approved and spent. |
| Total (Auto-Calc) | This field is automatically calculated. |

Summary of Expenses

The following data fields are applicable to all Education Programs. This section is a summary of the expenses and is where you enter administration costs.

Amount Approved

| | |
|--|---|
| Sub-Total Amount before Program Administration Costs (Pre-Populated) | A sub-total before administration costs. Automatically populated from the approved proposal. |
| Administration Costs (Pre-Populated) | The cost for administration for this fiscal year. Automatically populated from the approved proposal. |
| Total (Auto-Calc) | This field is automatically calculated. |
| Program Administration Costs (Percentage) (Auto-Calc) | The Administration Costs are expressed as a percentage and are automatically calculated. It should not exceed 10% of the Sub-Total before Administration Costs. |

Amount Spent

| | |
|--|---|
| Sub-Total Amount before Program Administration Costs (Auto-Calc) | A sub-total before administration costs. This field is automatically calculated. |
| Administration Costs (Mandatory) | The cost for administration for this fiscal year. |
| Explanation (Mandatory) | A detailed explanation or description for the Administration Cost. |
| Total Requested (Auto-Calc) | This field is automatically calculated. |
| Program Administration Costs (Percentage) (Auto-Calc) | The Administration Costs are expressed as a percentage and are automatically calculated. It should not exceed 10% of the Sub-Total before Administration Costs. |

COSTS

There is no information displayed in this section until you click Calculate.

| | |
|---|---|
| Calculate Button (Auto-Calc and Mandatory) | A button used to display the summary of costs. The information is automatically populated from the Expense section. |
|---|---|

There is a table listing the Expense Types, Approved Amounts from the Proposal, the Amounts Spent, Program Administration Costs and a Grand Total.

PARTNERS

A Partner is an organization that you expect to provide or has provided funding or in-kind contributions to the project.

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|--|---|
| Partner Organization Type (Pre-Populated and Mandatory) | A dropdown list of possible organizations that could be partners. |
| Partner Organization Name (Pre-Populated and Mandatory) | Official name of your partner. |
| Partner Organization Number (Pre-Populated and Mandatory) | The partner's identification number if available. This field is only mandatory if the partner has an identification number. |
| In-Kind Contribution (Pre-Populated and Mandatory) | A check box to indicate an in-kind contribution. The amount defaults to \$0.00. |
| Amount (Mandatory) | The amount received from the Partner. |
| Explanation (Mandatory) | A detailed 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. |
| Method of Submission | A dropdown list of possible submission methods. |
| File Name Attached | The file name of the attached document. |

DECLARATION

| | |
|----------------------------------|--|
| Given Name (Mandatory) | The given name or first name. |
| Family Name (Mandatory) | The family name or surname. |
| Title/Position (Mandatory) | The job title or position. |
| Date (YYYY-MM-DD) (Mandatory) | Today's date, in the format of Year Month and Day. |