



## NEW FISCAL RELATIONSHIP (NFR) GRANT RESULTS REPORT

**Privacy Act Statement**

This statement explains the purposes for the collection and use of personal information. Only information needed to respond to program/reporting requirements will be requested. Collection and use of personal information are in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. We will use your personal information in order to respond to your request(s) and/or program requirements. The collection and use of your personal information provided to Crown-Indigenous Relations and Northern Affairs Canada/ Indigenous Services Canada for selected program/funding reporting and administration purposes are authorized by program specific legislation and required for your participation. The information collected is described by program specific Personal Information Banks (PIB) in the Health Canada (HC) and Aboriginal Affairs and Northern Development Canada (AANDC) [Info Source](#) Chapters. For further details about applicable legislative authority, PIB description and/or to notify us about incorrect information or to withdraw participation after submitting your information, contact the Public Enquiries Contact Centre at 1-800-567-9604. If you require clarification about this statement, contact our Privacy Coordinator at 819-997-8277. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

**Identification**

Recipient Name	Recipient Number	Region
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**Contact**

Given Name	Family Name	Title
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Mailing Address (Number/Street/Apartment/P.O. Box)

City	Province/Territory	Postal Code
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Telephone Number	Extension Number	Facsimile Number	Email Address
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**First Nations and Inuit Health Branch**

**1. Healthy Child Development**

Total number of participating mothers with babies who turned six months during the reporting period	
Number of mothers who breastfed for less than 6 months	
Number of mothers who breastfed for 6 months or longer (28 weeks or more)	
Number of mothers who did not initiate breastfeeding	
Number of mothers for whom it was unknown whether breastfeeding was initiated	

**2. Home and Community Care**

**Home Care Nursing Staff**

Total number of who completed Home Care and Nurse competency development training	
Total number of that are licensed/registered in the province or territory of jurisdiction for regulated health professionals	
Total number of Home Care Nursing Staff	

**3. Clinical and Client Care**

**Newly Hired Nurses**

Total number of who have current valid certification of Advanced Cardiac Life Support (ACLS)	
Total number of who have current valid certification of International Trauma Life Support (ITLS)	
Total number of who have current valid certification of Pediatric Advanced Life Support (PALS)	
Total number of who have current valid certification of Controlled Drug Substances (CDS)	



Total number of who have current valid certification of Immunization

Total number of Newly Hired Nurses

Existing Nurses

Total number of who have current valid certification of Advanced Cardiac Life Support (ACLS)

Total number of who have current valid certification of International Trauma Life Support (ITLS)

Total number of who have current valid certification of Pediatric Advanced Life Support (PALS)

Total number of who have current valid certification of Controlled Drug Substances (CDS)

Total number of who have current valid certification of Immunization

Total number of existing nurses

4. Immunization

Annual number of 2-year-olds immunized with measles-mumps-rubella (MMR) vaccine among all 2-year-olds in the community

Annual number of 2-year-olds immunized with Diphtheria, Tetanus, acellular Pertussis, Polio and Haemophilus influenza type b (DTaP - IPV - Hib) vaccine among all 2-year-olds in the community

Total number of all 2-year-old children in the community between January 1 to December 31

5. Mental Wellness Team

Is your community being served by a Mental Wellness Team?  Yes  No

Income Assistance

Number of Dependents supported through income assistance

Number of clients supported through income assistance

Number of Income Assistance clients participating in case management and/or pre-employment supports

Number of Income Assistance dependents participating in case management and/or pre-employment supports

Number of Male clients on Income Assistance

Number of Female Clients on Income Assistance

Number of Single Income Assistance clients

Number of single Income Assistance clients with dependents

Number of Income Assistance couples without dependents

Number of Income Assistance couples with dependents

Assisted Living

Client Information

Family Name	Given Name	Sex	Rate (\$)	Rate Unit	Total Number of Units



**Community Infrastructure and Housing**

<b>Identification</b>				
Site Name				Site Number
<b>Report Information</b>				
<b>Housing Units WITHOUT</b>		<b>Housing Conditions</b>		
Electrification	Replacement Required	Major Renovations Required	Total Housing Units	Total Adequate Units
<b>Internet Service</b>				
Service Provider				
School and/or Band Office			Download Speed	Upload Speed

**Reserve Lands and Environmental Management**

**Land Use Plan**

In Progress    
  Approved    
  Not Applicable

If Approved, date of approval (YYYYMMDD)	Last updated (YYYYMMDD)

**Declaration**

The information provided is accurate to the best of my knowledge.

Given Name	Family Name
Title	Date (YYYYMMDD)