

LIST OF DATA FIELDS – COMMUNITY WELL-BEING AND JURISDICTION INITIATIVES REPORTING TOOL

DCI Number/Fiscal Year:

50944276 (2020-2021)

Purpose:

The objective of the First Nations Child and Family Services (FNCFS) Program is to strengthen the safety and well-being of First Nations children and their families ordinarily resident on reserve by funding culturally-appropriate prevention and protection services for child welfare that are in keeping with the best interests of the child, as determined by the community. The Community Well-Being and Jurisdiction Initiative (CWJI) funding stream will be focused on prevention activities to help families at risk stay together in their communities whenever possible (Community Well-Being), and to allow communities to exercise their jurisdiction for child and family services (Jurisdiction). All investments will continue to support community-led, culturally-appropriate prevention services as a core element of the FNCFS program.

This data collection instrument (DCI) is to collect required information on CWJI to comply with TBS Policy on Results.

Reporting Period:

Fiscal Year 2020/04/01 to 2021/03/31

Recipients must report at a minimum of annually; by fiscal year.

Recipients may report more often (i.e. monthly or quarterly) at their discretion.

Due Date:

April 30, 2021 (30 days following the end of the fiscal year being reported).

NOTE:

This document is a representation of the data fields for DCI# 50944726. The actual reporting template is available through your regional office.

Field Descriptions:

Field	Description
Identification	
Recipient Name	The name of the agency or community.
Recipient Number	The number assigned by Indigenous Services Canada for the recipient who has received funding under this authority.
Organization Type	Select the type that describes your organization best: <ul style="list-style-type: none"> • First Nation Community • Chief and Council of First Nations Band • First Nations Authority, Board, or Committee • First Nation Delegated Agency created by Chief and Council • Others
Province/Territory	Select the province or territory where your organization is.
Reporting Period From (YYYYMMDD) To (YYYYMMDD)	This field is set to fiscal year: 2020/04/01 to 2021/03/31.

Field	Description
Contact - Primary	
Given Name Family Name Title Telephone Number Email Address	The given name, family name, position title, telephone number and email address (if applicable) of the person who can be contacted for further information about the report.
Contact - Secondary	
Given Name Family Name Title Telephone Number Email Address	The given name, family name, position title, telephone number and email address (if applicable) of the person who can be contacted for further information about the report, if the primary contact is unavailable.
Initiative	
Initiative/Project Name	Enter the title of the initiative or project.
Theme	<p>Select the most applicable theme:</p> <ol style="list-style-type: none"> 1. Child, family and community well-being 2. Prevention and healing activities 3. Integrated and wrap around services to support families 4. Repatriation and reunification of children and youth in care or supports for aging out youth 5. Jurisdictional models for child and family services to support child and family well-being 6. Other (as determined in consultation with regional tripartite tables and/ or communities). <p>If select "Other", provide rationale for the project in the "Initiative Summary"</p>
Initiative Duration	Enter the start year and the end year fo the project/initiative.
Status	<p>Select the status of the project:</p> <ul style="list-style-type: none"> • Not Started • Planning Stage • Ongoing • Completed • Cancelled
Location	Identify whether the project or initiative is located on reserve or off reserve. If the location is off reserve, provide the name of the location in the next column.
Target Community	List all communities that have been benefited from the CWJI project/initiative.
Target Audience	Select the target audience. If you select "others", list all target audiences that are not on the list.
Other Partners Involved	List all partners - federal, provincial, other indigenous organizations etc. - that are involved in the delivery of the project or initiative.
Initiative Summary	Provide a short description of the initiative/project.
Project Achievement(s) to Date	Provide a short description of major achievements or status update of the initiative/project.

Field	Description
Timelines and Milestones	
Key Milestones	High level milestones for the project/initiative
Timelines (MM-YY)	Proposed timeline
Status	Select the status of the milestone.
Note	Enter additional details, if necessary
Expense Report	
Estimated Project Total Cost	Enter the project estimated cost.
Spent to Date	Automatically calculated.
Expense Item	Enter the title of the expense.
Expense Type	Select the expense type.
Planned Amount	Enter the planned amount for the expense (as documented in the proposal)
Actual Spent Amount	Enter the actual spending to date
Outcomes and Indicators	
Expected Outcome	Identify the expected outcome
Indicator	List all indicators.
Target	Provide the target.
Actual	Provide the actual data of the indicator.
Notes	Enter additional details.
Declaration	
Given Name Family Name Title Date (YYYYMMDD)	The given name, family name and position title of the project manager or person authorized by the recipient to certify that the information provided in this report is accurate and up to date. Dates are in the format of Year-Month-Day.