

LIST OF DATA FIELDS – EDUCATION PARTNERSHIPS PROGRAM PROPOSAL

PAW Number/Fiscal Year:

1775522 (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 - This section of the form is used for identification and tracking purposes. The fiscal year is automatically filled with the relevant information.	
Fiscal Year Auto-Fill	This field defaults to the year of funding for which you are making a proposal.
Indicate the Partnership Development Phase	Indicate the partnership development phase (establishment or advancement).
Proposal Title	Enter a unique name for the proposal.
How many years are you submitting a proposal for?	
Organization Identification - This section is used to identify the organization completing the Proposal form.	
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	Enter the official name of the Recipient of ISC funds.
Organization Type	Organizations eligible to receive ISC funding for the program. Select the organization type that best describes your organization from the list.

Field	Description
Organization name	For EPP, enter the organization name; there is no search option for official names of organizations.
Organization # Auto-Fill This field is automated when the Organization name is selected.	This field is not relevant to EPP and is disabled. This field is automatically populated with its ID number when you enter the Organization Name in the previous field, if applicable. For example, a Band number or school number.
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.
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.

Field	Description
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 - Same as Mailing Address	Select the check box to indicate that the street address and mailing address are the same.
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.
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.

Field	Description
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 - Same as Mailing Address	If selected, the fields below will automatically be populated.
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 - Describe the context for the project, what issues are to be addressed and the drivers leading to the request.	
Current State/ Statement of Need	Enter a complete description of why the project is needed and how it will address those needs.
Organizational Assessment	

Field	Description
Capability	Describe the following about your regional First Nation organization capability: <ul style="list-style-type: none"> · Your organization's capacity to deliver on proposed activities; · Your organization's previous activities related to education; · The outcomes of these activities.
Previous Education Partnership Activities	Describe the following: <ul style="list-style-type: none"> · Education partnership activities to date; · The outcomes of those partnership activities.
Governance of the Partnership	Describe the following: <ul style="list-style-type: none"> · The general roles and responsibilities within the partnership (Regional First Nation Organization, Province, ISC Regional offices, Other); · The decision-making procedures for providing direction within the partnership; · How educators and education specialists will be involved in the partnership; · Plans for ongoing communication among partners.
Consultations and community engagement	Demonstrate that the proposal has the support of communities and that ongoing community engagement will be used to sustain community support and identify stakeholder needs and feedback, by providing the following: <ul style="list-style-type: none"> · The name(s) of First Nations and First Nation/band-operated schools consulted in the development of the proposal; · A description of the consultation process for the proposal development; · Ongoing plans for community engagement.
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	A dropdown list of possible organizations that could be partners. Select a partner type from the dropdown list.
Partner Organization NAME	Enter the official name of the partner organization. If the name is not unique, the EPP Proposal will not pass validation when you upload it into the ISC Services Portal.
Partner Organization # Auto-Fill	Enter the partner's identification number, if available. This field is only mandatory if the partner has an identification number. This field is automatically populated when you enter the Organization Name in the previous field.
Activities Planned and Expected Results - Add objectives, activities and expenses to describe what you plan to do. Indicate when you plan to do it and how much it will cost.	
Delivery Organisation Type Auto-Fill	Select the type of organization delivering the service.
Delivery Organisation Name Auto-Fill	The official name of the organization.

Field	Description
Delivery Organisation No. Auto-Fill	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. You must select an objective to enable the list of Activities.
Activity Type	Select an Activity from the list of possible activities for the Objective.
Activity Name	The Activity Name field is mandatory and must be unique. It is not case-sensitive. This name will be used in EIS for the EPP Report DCI. If the Activity Name is not unique, the EPP Proposal will not pass validation when you upload it into the ISC Services Portal.
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.
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-Fill	This field displays the total amount planned for this Activity. It is automatically calculated.
Activities Planned	Enter a description of the specific actions you plan to undertake to accomplish the selected Activity.
Expected Results	Enter a description of the goals and/or objectives behind the Activity including indicators.
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	Enter 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 PSPP funding before Administration Costs. It should not exceed 10% of the total cost of the project. This field is automatically calculated.

Proposed Budget - Click the "Calculate" button to display a summary of the Proposed Budget. The information that appears in this table appears automatically when you click the button. The calculations are drawn from the amounts that are entered in the Expenses section. The amount for Administration Costs is the amount entered in the Summary of Expenses section.

Field	Description
Expense Type Auto-Fill	A list of expenses that were provided.
Amount Requested Auto-Fill	Automatically populated from the proposal.
Sub-total Before Administration Costs Auto-Fill	A sub-total of all expenses before administration costs; automatically calculated.
Administration costs Auto-Fill	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 Post-Secondary Partnerships Program including Administration Costs.
Program Administration Costs (percentage) Auto-Calc	The relative amount of Administration Costs compared to the total of costs for PSPP activities. It should not exceed 10% of the total cost of the project.
Partners	
Grand Total Requested from EPP and from all Partners	A grand total of the amount requested from ISC under the EPP program plus the total expected from all partners.
Project Management	
Project Monitoring, Reporting and Evaluation	Describe your plan for monitoring the project activities, time lines and deliverables to ensure targets are achieved on schedule and within budget. Be sure to include the types of reporting you will require from participants involved in order to monitor their progress and evaluate the success of the project.
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	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.

Field	Description
Date (YYYYMMDD)	Enter today's date in the format yyyy-mm-dd. Note: You cannot use a slash (/) in this field.