



NEW FISCAL RELATIONSHIP (NFR) GRANT RESULTS REPORT

Privacy 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](http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) (http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). 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) detailed at [Info Source](https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings.html) (https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings.html). 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 departmental Public Enquiries 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 |
|----------------|------------------|--------|

Contact

| | | |
|------------|-------------|-------|
| Given Name | Family Name | Title |
|------------|-------------|-------|

Mailing Address (Number/Street/Apartment/P.O. Box)

| | | |
|------|--------------------|-------------|
| City | Province/Territory | Postal Code |
|------|--------------------|-------------|

| | | | |
|------------------|------------------|------------------|---------------|
| Telephone Number | Extension Number | Facsimile Number | Email Address |
|------------------|------------------|------------------|---------------|

First Nations and Inuit Health Branch

1. Home and Community Care

Home Care Nursing Staff

| | |
|--|--|
| Number of full-time nurse equivalents (all nurse types) paid/hired directly by First Nations and Inuit Home and Community Care (FNIHCC) on March 31 of the reporting year. | |
|--|--|

2. Clinical and Client Care

Newly Hired Nurses

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

Existing Nurses

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



3. Mental Wellness Team

Is your community funding a Mental Wellness Team? Yes No

If Yes, please name the communities with access to the Mental Wellness Team (i.e. the catchment area)

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

| | | | |
|---------------------------|----------------------------|---------------------|----------------------|
| Identification | | | |
| Site Name | | | Site Number |
| Report Information | | | |
| Housing Conditions | | | |
| Replacement Required | Major Renovations Required | Total Housing Units | Total Adequate Units |
| | | | |
| Internet Service | | | |
| 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)