

LIST OF DATA FIELDS – EDUCATION PARTNERSHIPS PROGRAM PROPOSAL

PAW Number/Fiscal Year:

1775522 (2024-2025)

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	
Fiscal Year Auto-Fill	This field defaults to the fiscal year for which you are making a funding proposal.
Indicate the component for this proposal	Possible project components will be displayed in the drop-down list.
Proposal Title	This unique title will be used to identify the Proposal.
Is your First Nation/community/ organization already party to another proposal to ISC under this component?	Answer “Yes” or “No”.
Organization Identification - This section is used to identify the organization information that is required to complete the Proposal.	
Recipient No.	The recipient ID number as assigned by ISC. Important: Make sure to enter a 4-digit number. Add zeroes (0) in front if necessary.
Recipient Name	The official name of the Recipient of ISC funds.
Organization Type	A drop-down list of possible organizations that could complete a Proposal.

Field	Description
Organization name	The official name of your organization. This field is automatically populated when you enter the Organization No. in the next field and vice versa.
Organization No. Auto-Fill	The official number of your organization. Not all organization types require an organization number.
Organization Telephone No.	The organization's telephone number. This field is automatically formatted.
Organization Extension No.	The extension number, if applicable.
Organization Fax No.	The organization's facsimile number. This field is automatically formatted.
Organization E-mail Address	The e-mail address of the contact, if available.
Organization Website	The home page URL for the organization's web site.
Mailing address - Number/ Street/Apartment/ P.O.Box	The address or P.O. Box at which the party can be reached by mail.
Mailing address - City/Town	The address or P.O. Box at which the party can be reached by mail.
Mailing address - Province/Territory	The address or P.O. Box at which the party can be reached by mail.
Mailing address - Country Auto-Fill	The address or P.O. Box at which the party can be reached by mail.
Mailing address - Postal Code	The address or P.O. Box at which the party can be reached by mail.
Incorporation Section - This section depends on the Organization Type selected.	
Is your organization incorporated?	Indicate whether your organization is incorporated by selecting a radio button. Select Yes to enter the required incorporation details.
If Yes, complete:	
Incorporation No.	The incorporation number according to the Articles of Incorporation.
Date of Incorporation	The date of incorporation according to the Articles of Incorporation.
Primary Contact - The Primary Contact is the person who ISC would contact for general questions regarding the Proposal. The Secondary Contact is the back-up contact in case the Primary Contact is unavailable.	
Given Name	The given name or first name.
Family Name	The family name or surname.
Title/Position	The contact's job title or position.
Telephone No.	The contact's telephone number.
Extension No.	The extension number, if applicable.
Fax No.	The contact's facsimile number, if available.
E-mail Address	The e-mail address of the contact, if available.

Field	Description
Mailing Address (Number/ Street/ Apartment/ P.O. Box)	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - City/Town	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Province or Territory	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Country Auto-Fill	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Postal Code	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.
Street Address - Number/ Street/ Apartment/ P.O. Box	The street address.
Street Address - City/Town	The street address.
Street Address - Province or Territory	The street address.
Street Address - Country Auto-Fill	The street address.
Street Address - Postal Code	The street address.
Secondary Contact Information	
Do you want to specify a secondary contact?	Yes or No - if Yes is selected, the same fields are mandatory as the Primary Contact.
Proposal Summary Information - The following data fields are applicable to all Education Programs.	
Planned Start Date	The start date is defaulted to the beginning of the fiscal year – YYYY-04-01.
Planned End Date	The end date is defaulted to the end of the fiscal year – YYYY-03-31.
Project Vision	A summary of the long-term objective of the project beyond this proposal (e.g. How many years it will take to complete, what are the expected outcomes).
Proposal Description	A brief summary of the proposal.
Organizational Assessment	
Capacity	Describe the following about your organization capacity: <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 or Structural Readiness Activities	Describe the following: <ul style="list-style-type: none"> · Education partnership or structural readiness activities to date; · The outcomes of those partnership or structural readiness activities.

Field	Description
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(s)); · The decision-making procedures for providing direction within the partnership or within structural readiness activities; · How educators and education specialists will be involved in the partnership or in the development of structural readiness activities; · Plans for ongoing communication among partners.
Consultations and community engagement	Describe the extent to which the proposal has the support of the communities represented. Describe the extent of, and approach to, community consultation undertaken to plan the implementation of the proposal development.
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.
Partner Organization NAME	The official name of your partner.
Partner Organization No.	The partner's identification number, if available. This field is only mandatory if the partner has an identification number.
Contact Information	
Given Name	The given name or first name.
Family Name	The family name or surname.
Title/Position	The contact's job title or position.
Telephone No.	The contact's telephone number.
Extension No.	The extension number, if applicable.
Fax No.	The contact's facsimile number, if available.
E-mail Address	The e-mail address of the contact, if available.
Mailing Address	
Number/Street/ Apartment/P.O. Box	The address or P.O. Box at which the party can be reached by mail.
City/Town	The address or P.O. Box at which the party can be reached by mail.
Province or Territory	The address or P.O. Box at which the party can be reached by mail.
Country	The address or P.O. Box at which the party can be reached by mail.
Postal Code	The address or P.O. Box at which the party can be reached by mail.
Street Address	

Field	Description
Street address – same as mailing address	If selected, the fields below will automatically be populated.
Number/Street/ Apartment/P.O. Box	The street address.
City/Town	The street address.
Province or Territory	The street address.
Country	The street address.
Postal Code	The street address.
List of Clients to be Served	
Client Type	A drop-down list of possible client types.
Client Name	The official name of the client.
Client No.	The client's identification number, if applicable.
Activities Planned and Expected Results	
Delivery Organization	
Delivery Organisation Type Auto-Fill	Automatically copied from the Organization Identification section.
Delivery Organisation Name Auto-Fill	Automatically copied from the Organization Identification section.
Delivery Organisation No. Auto-Fill	Automatically copied from the Organization Identification section.
Objective	A list of possible Objectives for the program.
Activity Type	A list of possible activities for the Objective. If there is only one Activity available, it appears automatically.
Activity Name	The activity name must be unique .
Start Date	The date must fall within the date range in the Proposal Summary Information.
End date	The date must fall within the date range in the Proposal Summary Information.
Amount Auto-Fill	This field is automatically calculated. It displays the total amount for the objective and activities.
Number of years the project activity has been previously funded	Number of years the project activity has been previously funded.
Activities Planned	A description of the specific actions you plan to undertake to accomplish the selected Activity.
Expected Results	A description of the goals and/or objectives behind the Activity including indicators.
Amount with Partners	This field is automatically calculated from Partners. It displays the total amount for this objective.
Expenses - The following data fields are applicable to all Education Programs. This section of the form collects planned expenses required to undertake activities for this objective.	
Expense Type	A list of possible Expense Types.
Amount	The budgeted amount for this Expense.

Field	Description
Explanation	A detailed description of the Expense, including how the cost estimates were determined.
Total	A sub-total for all expenses for this Activity. This field is automatically calculated.
EPP Partner Expenses	
Name of Partner	Name of Partner.
Expense Type	A list of possible Expense Types specific to Partners.
Amount	The budgeted amount for this Expense specific to Partners.
Explanation	A detailed description of the Expense, including how the cost estimates were determined. Specific to Partners.
Total	A sub-total for all expenses for this Activity. This field is automatically calculated.
Summary of Expenses - This section is a summary of all amounts requested from ISC by your organization and is where you enter administration costs.	
Sub-Total Amount before Program Administration Costs	A sub-total before administration costs. This field is automatically calculated.
Administration Costs	The cost for administration for this fiscal year.
Explanation	A detailed explanation or description for the Administration Cost.
Total Requested	This field is automatically calculated.
Program Administration Costs (Percentage)	The Administration Costs are expressed as a percentage and are automatically calculated. It should not exceed 15% of the <i>Sub-Total before Administration Costs</i> .
Proposed Budget - This information is a summary of the project budget that is automatically calculated. There is no information displayed in this section until you select Calculate .	
Calculate	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, Amounts (totals by Expense Type for each Objective, Program Administration Costs and a Total.	
Partners - A Partner is an organization that you expect to provide or has provided funding or in-kind contributions to the project. If you add a Partner, these fields become mandatory.	
Partner Organization Type	A drop-down list of possible organizations that could be partners.
Partner Organization Name	Official name of your partner.
Partner Organization No. (Number)	The partner's identification number if available. This field is only mandatory if the partner has an identification number.
In-Kind Contribution	A check box to indicate an in-kind contribution. The amount defaults to \$0.00.
Amount	The amount received from the Partner.

Field	Description
Explanation	A detailed explanation to describe the type of in-kind contribution expected or received or the main purpose of the funds received.
Project Management	
Project Monitoring, Reporting and Evaluation	Describe how your plan for how the initiative/project will be managed, including project governance, management of project scope, human resources, and project monitoring, control and reporting.
Supporting Documents - EPP requires "Letters of Support" as mandatory supporting documents. When you add a Supporting Document, these fields become mandatory.	
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 drop-down list of possible submission methods.
File name attached	The file name of the attached document will appear automatically.
Declaration	
Given Name	The given name or first name.
Family Name	The family name or surname.
Title	The job title or position.
Date	Today's date (YYYY-MM-DD).